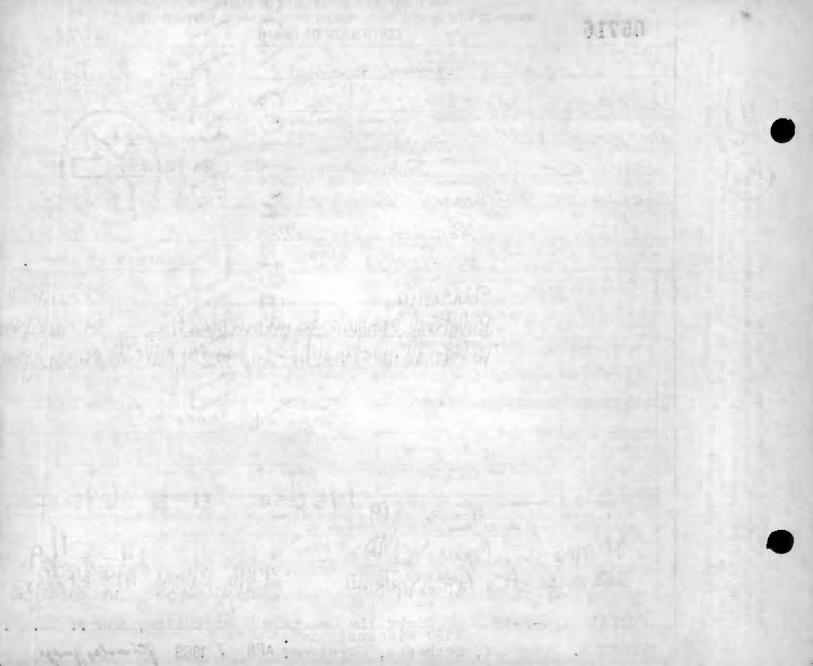
,	1		MARYLAND STATE DEPARTMENT OF HEALTH	
	L	05716	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND  CERTIFICATE OF DEATH	05711
1 and 2 er death.	1. 0	ECEASED-NAME First	Middle Losi 20. DATE OF DEATH	2b. HOUR
death.		Type or print)	Of AO 1 O Month	Doy Yeor 15-11
	3. 5		4. RACE S. DATE OF BIRTH 6. AGE (II	VOORS IF UNDER I YEAR IF UNDER 24 HRS.
		MALE	WHITE 12-1-99 lost birt	hday) MONTHS DAYS HOURS MEN
		BIRTHPLACE (State or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
	1	MARULAND	U.SA: WIDOWED DIVORCED DIVORDIVORDE DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIV	omery Md.
70	10.	CITY OR YOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)  12c. USUAL OCCUPATION (Kind of during most of working life, even	vork done 12b. KIND OF BUSINESS OR
7	13a	USUAL RESIDENCE (Where deceas	ed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND 1	
2		ission) STATE	13b. COUNTY GOMERY BETHESDA YES NO 9946	MAYFIELD DR.
1	14.	FATHER'S NAME First	Middle Lost IS. MOTHER'S MAIDEN NAME First	Middle Lost
	160	. WAS DECEASED EVER IN U.S. ARM	HED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	TheyER
			ar or dates of service) MISS	Address as above.
	F	IR CALISE OF DEATH (Enter on	y one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART 1. DEATH WAS CAUSED		
	П	59 V IMMEDIA	DUE TO, ORAS ACONSEQUENCA OF 1	SSUTULIFIES
		Conditions, if any, which gave	(B) Votaxav Chapello, bus Vansiblantes	(SG.) SAAVAISAN
		rise to immediate cause (a), stating the underlying cause	DUE TO, OP AS A CONSEQUENCY OF	1 1 Day and water
		lost.	10 DUCTION JUSTED AV OF FLYWOTH VOUCE	al Culi Styral Using
		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN FART	1(0)
	l s			
)	CERTIFICATION	190. DATE OF OPERATION 19b.	1 CAMETE DE DEATH	FINDINGS CONSIDERED IN CERTIFYING
16	ERTIF	OLO ACCIDENT MAS TIMOSEDIVIN	TES NOTE	
		210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT	HOUR AM. Month Day Year	or Port 2, Item 18.)
	MEDICAL	(If either, notify medical examinated 11 of the control of the con		
		While Not while	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
	1	of work of work	showitall attended the deceased from 195055 to 11 - 3	19 0 that (Il-fue) last
		saw the deceased a	hospital) attended the deceased from 1950, and that in (my) (sur) apinion death accurred (1) (ma) (did) (did	on the date and haur and from the
			,(I) (wo) (did) (did tot) view the body after death.	
		22b. SIGNATURE	A DAGA A STAFF	22c. DATE SIGNED
2		22d. PHYSICIANS	DEGREE PHYS. DIRECTOR PHYS.	17-3-10
1		NAME VOLEO (DE	THE WAY TO WAR WAY TO WAR WAY	CAR TKING-
	230	BURIAL, CREMATION, 236. D	DATE 23c. NAME OF CEMETERY OR CREMATORY 23d-LOCATION (City of	Town) (County) (State)
		PEMOVAL (Speciful	-7-69 Rockville Cemetery Rockvill	i family (ame)
1	24.	FUNERAL DIRECTOR	7557DDRFSIsconsin Av 250 RECO BY REGISTRAR 25b.	REGISTRAR'S SIGNATURE.
		ROBERT A. PU	MPHREY, Bethesda, Maryland APR 7 1969	Acharles Judge



MARYLAND STATE PERAKUMENT OF HEALTH-BALTIMORE, 18

Poge

er deoth.

death

Filed .

pe

plupa-

El within

completely

papers.

burial-transit

SO

3 should may be reto

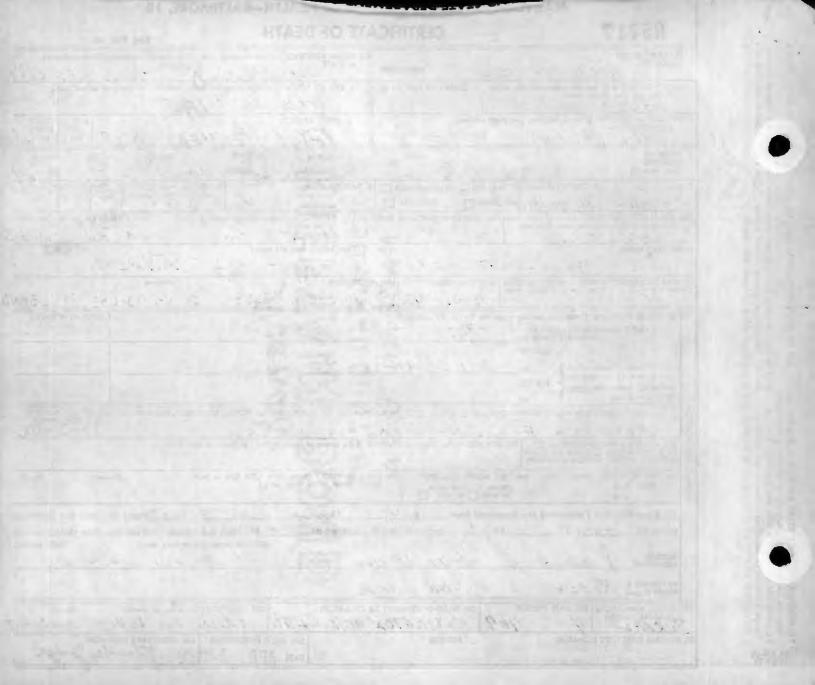
abod

9

VS A15 (4)

1SM 9/SS

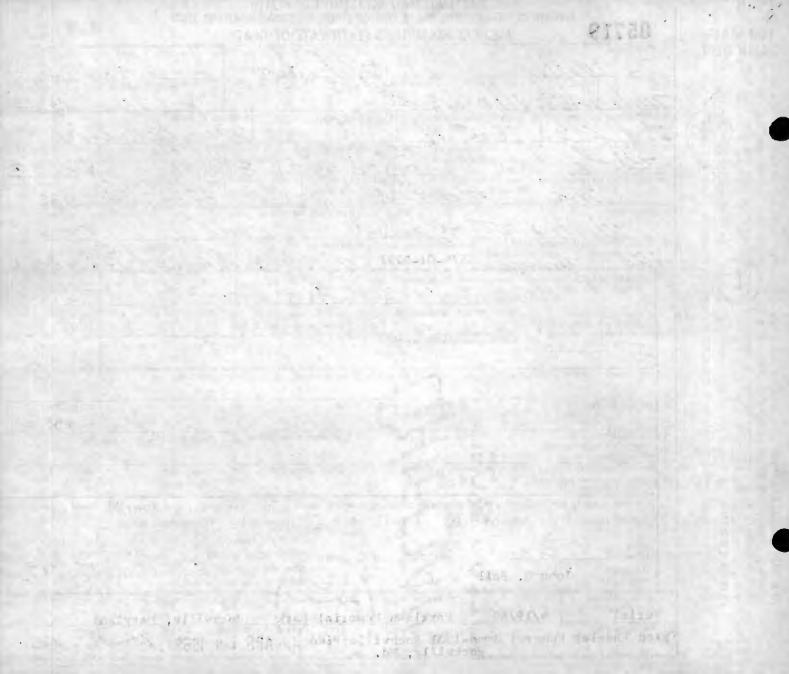
TO HOSPITAL



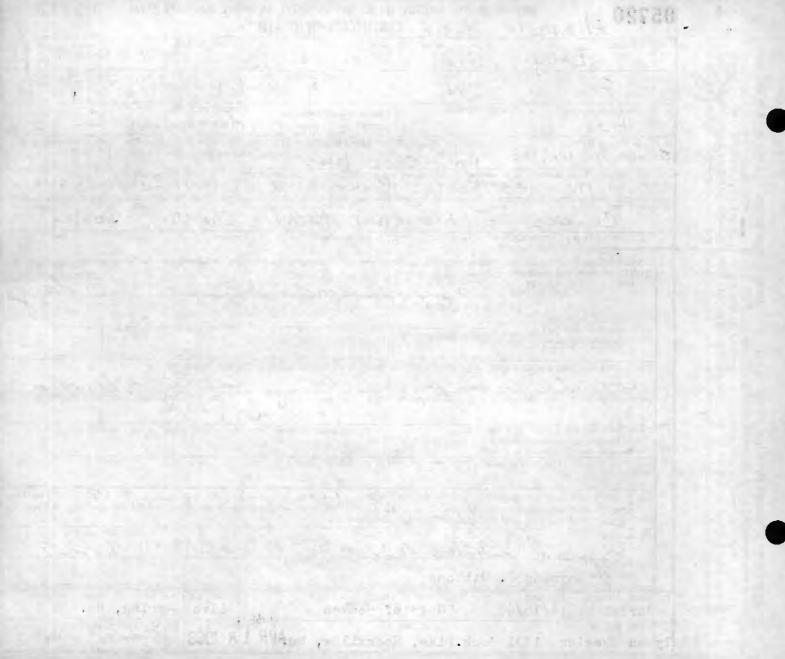
			D STATE DEPARTME				
05	DIVISION		301 W. PRESTON STRI		MARYLAND 21201	0571	3
U5	718		ERTIFICATE OF D	DEATH			
£ −2 € 1. DECEASED-N	AME First	Middle	Lost	2o. DATI	OF DEATH		2b. HOUR
death death	Katherine	P.	Regnol	45	April 26		10 /2 M
3. SEX	4. RACE	3.1	S. DATE OF BIRT		6. AGE (In years		UNDER 24 HRS.
Ond completely filled in by the funeral and completely filled in by the funeral and 2 in any event, within 72 hours after death.  10. CITA OLD 130 INSTANCE IN THE FUNE AND	nale W	hite	01-2	2-1893	last birthday)	MONTHS DAYS H	DURS MIN
70. BIRTHPLACI		OF WHAT COUNTRY?	8. MARRIED NEVER MARRI	IED 9. COUNTY	OF DEATH		
The special way	ish., D.C. U.	3, R,	WIDOWED X DIVORC	ED [] Das	ent gomeny	-	Md
(Type or pn  3. SEX  70. BIRTHPLACI country)  10. CITY OR TO 130. USUAL RE odmission)  14. FATHER'S N  160. WAS DECO	WN OF DEATH KUILLE	11. NAME OF HOSPITAL OR INS give street oddress).	TITUTION (If not in hospital	12a. USUAL OCCUPAT	ION (Kind of work done ing life, even if retired.)	12b. KIND OF BUS	
130 IISHAL PE	SIDENCE (Where deceased lived, if in	Thersing pridage bolom				U.S. G	ovit
odmission) ST	ATE Wash , D.C. 118b. COUR	HESDELTHER.			STREET AND NUMBER	Ave. N.	W.
14. FATHER'S N			15. MOTHER'S MAII	DEN NAME First	Middle		Last
	Oswald B.		May.	4	M.	Greve	R G SW
160. WAS DECL Yes, no, or u	ASED EVER IN U.S. ARMED FORCES?  (If yes give war ar dates of service)	16b. SOCIAL SECURITY N	Mrs. Mae	Harbold-	-117 Monti	cello A	ve.
160. WAS DECEYES, no. of Yes,	E OF DEATH (Enter anly one cause	per line for (a), (b), and (c),	A	nnapolis	Md. d	APPROXIMATE	INTERVAL
PAR PAR	I. DEATH WAS CAUSED BY:	Multiple	Musloma			BETWEEN ONSET	11
0 1	1 2 11	OR AS A CONSEQUENCE OF	TORNITA			10 W	routino
Condition rise to im storing II lost.	s, if any, which gove )						
rise to in	nmediate couse (a), (b)	OR AS A CONSEQUENCE OF					
last.	ne underlying couse DUE TO,	on the first source of					
PART 2.	OTHER SIGNIFICANT CONDITIONS CONT	FRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL I	DISEASE OR CONDITION G	IVEN IN PART I(o)		
2 2					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
190. DATE	OF OPERATION 196. CONDITION FO	R WHICH OPERATION WAS PER	FORMED 200. AUTOPS	SY? 20t	. IF YES, WERE FINDINGS O	ONSIDERED IN CERTIF	FYING
Hedding Day Date 190. Date	ne		YES 🗀	NO CAL	ISES OF DEATH?		
₩ 210. ACC		ME OF INJURY			injury in Part 1 or Part 2,	Item 1B.)	-
G OR CONT	RIBUTING CAUSE OF GEATH HOUR A	A.M. Month Day Year P.M. 19					
₹ 21d. INJL			ORY.) 21f. LOCATION Street	or R.F.D. No.	City or Town	County	State
of wark	IRY OCCURRED 21e. PLACE OF INJU Not while 21e. PLACE OF INJU	LOLLICE BOILDING, ELC.	1				
Wile of wark	ertify that (I) (this hospital)	attended the decease	d from Sent.	, 19.6.7 , to_	present 19	, that (I)	(we) last
sav	ertify that (I) (this hespital) the deceased alive an	pril 25 1	69, and that in (my)	) (aur) apinian deol	h accurred on the do	ite and hour and	from the
CO	uses stated above, (I) (wer)(	did) (did not) view the b	ody after deoth.				
22b. SIGN	ATUKE) ALL	Q Don an	M.D ATTENDING	MED. DIRECTOR [	STAFF -	DATE SIGNED	19
22d, PHY	CICIAN'S	·	DEGREE PHYS.	DIKELIOK -	→ PHYS. → H	ny 20, 17	0 /
	E(Type) Arthur l	J. Ander	50 n 22e. ADDRE	19th 5-tree	f N.W.	wash [	).(,
230. BURIAL, C			EMETERY OR CREMATORY		ATION (City or Town)		Stote)
202 20			ssional Cen		ashington,		
24. FUNERAL D	IRESTORY 1/ · D	2 9 ADDRESS	14 81.71.362	SO. ARE BY REGISTRA	969 25b. REGISTRAR'S	SIGNATURE	- Y
19 -Men;	UNI Henes (E	) Wash	ington De	DATE	7	00	

- Westernament to a second Total and the contract that Carriery which the way

M		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05714
FOR STATE .		05719 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03114
HEALTH DEPT.		ECEASED-NAME First Middle Jost 20. DATE KNOWN Month	Day Year 2b. HOUL
lay is 13 ta Page ent af		Williagor F. Mides DEATH MATER A.	16 1969/05
delay and 3 M3. Par tment	3. 5	lost bithday) MONTHS DAYS HOURS MIN. Month ( Day	Yeor 2d. Hour
any delo 1, 2, and m PM3. F	70	1/12 White 1/1 23/18 30 YRS 4-11/16	189 107
-E (a)			10-1
ages for some	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR .
after death 8. Give Pag alang with with the Sta		give street oddress) during most of working life even if retired.)	INDUSTRY -11/= 10
Give ang th th		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. (ID OR TOWN) 38d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	All Al
s after 18. Gi 18. Gi alang 2 with death,	0	dmission) STATE 27/d. 13b. COUNTY from t. Bock U!// YES \ NO \ 828-15000	ie ta,
24 haurs after death in Item 18. Give Pages 1, i's Office along with form ss 1 and 2 with the State De rs after death.	14.	ATHER'S NAME First Middle Lost / IS. MOTHER'S MAIDEN NAME First Middle	test 11
24 H in It r's C r's C r's d		William Ti Khalos. Lode se	Forue/1
	160.	WAS DECEASED EVER IN U.S. ARMED FORCES?  165. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  18. SOCIAL SECURITY NO.  17. INFORMANT  ADDRESS  18. JOY 10.  17. INFORMANT	The say
× 9/2 = 3	-	for the fewer with the second	APPROXIMATE INTERVAL
3 T = 1 -1 E	1	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSE BY:  OF ON 2: 4 Inspection of fire only one couse per line for (o), (b), ond (c).)	BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (6)	Sudden.
be ex "pend nief M ansit p event		Conditions, fony, which gove ) B) Coronary Arterio Scherosis.	4255
		rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF	1
should be to ward "pera the Chief burial-transit in any ever		last. (c)	
g the sed ta		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing th irwarded t used as a 1 navol, and	×		
is certific te, writin farward e used a remavol,	CATIC	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
	CERTIFICATION		YES NO
# 5 4		PRIMARY OR CONTRIBUTING HOUR A.M.	em 18.)
EXAMINER: ute the certifi age 4 should your files. Page 3 should , crematian,	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE factory, office building, etc.)	
DEPUTY DICAL EXAM ressary, please execute the funeral director. Page 4 may be retained far your FUNERAL DIRECTOR: Page salth priar to burial, cren		22o. I certify that I took charge of the remains described above, held on Autopsy X, Inspection X, Inquiry X	ond in my opinion
ICAL E e execu for. Page ed far CTOR: F burial,	13	deoth resulted from: Notural couses X, Accident , Suicide , Hamicide , Undetermined monner	
please e l director retained.		CHIEF MEDICAL EXAMINER	
ny, plend of prior		ACTUAL SIGNATURE	SIGNED
Ssar Unne Unne NER		EXAMINER'S John G. Ball	17/969
necessary, please e: the funeral director. 5 may be retained of FUNERAL DIRECTOR. Health priat to buy	22-	NAME (Type)  ADDRESS (Street, city, town, or county)  BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(Chata)
F 0, D		REMOVAL (Specify)	(County) (State)
	24.	FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S	SIGNATURE
VR A15ME (5)	hy.	son Wheeler Funeral Home-1331 Rockville Pike DATE APR 1 8 1969 Clus	was fredates.
	-	AND	



	05720 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05715	
-	KIIZABETH ITARIE CERTIFICATE OF DEATH	
	1. DECEASED-NAME (Type or print) BASY GIR) RICHARDSON 20. DATE OF DEATH Month & Day 15 Year 69 2 1.	JR > M
	3. SEX  4. RACE  4. RACE  5. DATE OF BIRTH  6. AGE (In years lifunder 1 year if under 24 last birthday)  7. RS.  7. PACE  7. RACE  1. PACE  1. PACE	HRS.
	70. BIRTHPLACE (State or foreign country) 75. CITIZEN OF WHAT COUNTRY?  WIDOWED DIVORCED 9. COUNTY OF DEATH  WIDOWED DIVORCED COUNTY OF DEATH  WIDOWED DIVORCED COUNTY OF DEATH	Md.
	10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of warking life, even if retired.)  120. USUAL OCCUPATION (Kind of wark done during mast of warking life, even if retired.)  121. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during mast of warking life, even if retired.)	\$
	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE M2 13b. COUNTY Hont. 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? YES NO 13e. STREET AND NUMBER 12b. COUNTY Hont.	
	14. FATHER'S NAME First Middle Richardson PATRICIA Christine Dooley	
	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yas give wor or dates of service)  16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	18. CAUSE OF DEATH (Enter only one cause per lipe for (a), (b), and (c).)  APPROXIMATE INTERVAL BETWEEN ONSE; AND DEAT	Н
ı	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Classica from procumence / day	
	Canditians, if any, which gave	
1	rise to immediate cause (a),	_
1	stating the underlying cause   DUE TO, OK AS A CONSEQUENCE OF	
١	PART 2_OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	= Control Renoves Anoton Dame Occorde & Cenyeras	
	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEXTH?  21a. ACCIDENT WAS UNDERLYING 12b. TIME OF INJURY 12c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2. Hern 18.)	*
1	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY  21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  3 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	
	a lift either, natity medical examiner)   P.M. 19	
1	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State of work of work at work	
	22a. I certify that (I) (this haspital) attended the deceased from 4-14, 1965, to 4-65, 1965, that (I) (we)	last
	saw the deceased alive on 12.7, and that in (my) (our) opinion death accurred an the date and hour and from causes stated above, (1) (we) (did) (did not) view the body after death.	me
I	22b-SIGNATUPE ATTENDING MED. STAFF 22c. DATE SIGNED	
1	DEGREE PHYS. DIRECTOR PHYS. TISTE	
	NAME (Myse) Raymond D. Gibbons 22e. ADDRESS	
	23g. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	
	THE THE STREET S	
	24. FUNERAL DIRECTOR  ADDRESS	
1	Tyson Wheeler 1331 Rock Pike, Rockville, MdAPR 18 1969 Charles	



X		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	05716
4 POR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	00110
HEALTH DEPT.		ECEASED NAME First Middle Lost 20 DATE KNOWN Manth D	Day Year 2b HOUR
5 5 5 5		Cetty Filene Delfry DEATH MATED Clavic.	8 1869 M
and 3	3 5	A A A A A A A A A A A A A A A A A A A	Year 1969 S AM
epode e		B RTHP_ACE (Stote-or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIEDNEVER MARRIED 9. COUNTY OF DEATH	
form form	(ตบา	"The WIDOWED DIVORCED KI PROTUGETINE	ree Me
Pag ith Sto	10 (		K NO OF BUSINESS OR
r de la we l		10300 West Jake M. Return No	ng NUTSE
hours after death Is Give Pages 1, Office along with form I and 2 with the State De		USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER dimission) STATE 13d. 13b COUNTY Worth Betherda YES NO 10300 Co Sale	do.
d within 24 hours after death pencil in Item 18. Give Pages 1, Example is Office along with form File pages 1 and 2 with the State Dr. n 72 hours ofter death	.14, F	ATHERS NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle	Lost
within 24 pencilyin commensis	16a	WAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOUAL SECUPTY NO 17. INFORMANT ADDRESS	280 Pascode
EN Per N		Al. Jom Mary Ruyse Loyes Sew Gry dari Kon	1. Parnsgrifte
hin hin		B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:  F. THU MALE A. Marin Death WAS CAUSED BY:	APPROXIMATE IN EXPEL-
ould be executed vord "pending" he Chief Medical al-transit permit ony event within		IMMEDIATE CAUSE (a) / · O / / · / · / · / · / · / · / · / ·	Sudden.
ex f M f M iit p		DUE TO, OR AS A CONSEQUENCE OF	14
I be I '' p Chie		Conditions, if any, which gave ) (b) CAFONIC A/Coholism.	years.
KAMINER: This certificate should be executed within te the certificate, writing the word "pending" in penciling 4 should be farwarded to the Chief Medical Exempter files oge 3 should be used as a bur al-transit permit file pagacemation, or removal, and in any event within 72 hou		stoting the underlying couse  DUE TO, OR AS A CONSEQUENCE OF	
the street the late of the lat		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<del></del>
ficate ting the rded to so a so a life and it.	_		
ertii writ wai	CERTIFICATION	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION	20. AUTOPSY?
te, te, for rem	TIFIC	WAS PERFORMED?	YES NO
# _ ~ ~ ~ ~	E GE	21a. EXTERNAL CAUSE WAS PRIMARY TOR CONTRIBUTING TO HOUR A.M. 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Part 2, Item	18.)
bical Examiner: se execute the certi- ector. Page 4 should ned for your files IECTOR: Page 3 shou buriol, cremation,	MEDICAL	CAUSE OF DEATH P.M. 19	
HIN the tsh rff 3 s mat	署		County State
XAN te f ge 4 your oge crei		AT WORK L AT WORK L	
ICAL Executor. Page ed for CTOR: Puriol,		22o. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔼, Inquiry 💢,	ond in my opinion
Fig. 6 cg.		deoth resulted from: Notural causes 🛣, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌	
please er director retained DIRECTO		CHIEF MEDICAL EXAMINER	
JTY, ple erol di be rette prior		SIGNATURE	SNED
DEPUTY DICAL EXAM ressory, please execute the funeral director. Page 4 may be retained for your may be retained for your elflueRAL DIRECTOR: Page calth prior to buriol, crem		EXAMINER'S John G Ball DEPUTY MEDICA. EXAMINER APTI	8.1969
o DEPUTY necessory, the funero 5 may be 0 FUNERAL Health pri		NAME (Type)  ADDRESS(Street, City, Town, or county)	PIG
0 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	230	DEMOVAL (Case)	aunty) (State)
22	24~	The state of the s	
VR A15ME (5)	R	7557 Wisconsin Ave 250 RECD BY REGISTRAR 250 RECD BY RECD BY REGISTRAR 250 RECD BY RECD BY RECD BY REGISTRAR 250 RECD BY RECD BY REC	100

MARYLAND STATE DEPARTMENT OF HEALTH



		MARYLAND STATE DEPARTMENT OF HEALTH	
		05722 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	Atr.
*		CERTIFICATE OF DEATH	05757
Personal Per		DECEASED-NAME REST HO Middle ROSERT 20. DATE OF DEATH Month Day	Year 26 HOUR
s affect the formal objective object	3 5	2. order of bilder	FUNDER TYEAR IF LINDER 24 HRS ONTHS DAYS HOURS ALM
haur in by irs. p	76. cau		omory
ithin 24 ho y filled in an popers.	1D.	CITY OR TOWN OF FEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  12a. USUAL OCCPATION (Kind of Kork done give greet address)  12b. USUAL OCCPATION (Kind of Kork done give greet address)	126 KIND OF BUSINESS OR INDUSTRY
mpletely f e corban event, with	Foder	L. USUAL RESIDENCE (Where deceased lived—winst tot on Residence before 17th CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER OF STATE 13b COUNTY 13c COUNTY	HI Home
any of the		FATHER'S NAME AND MIDDLES MATTER NAME FIRST MIDDLES MIDDLES MATTER NAME FIRST	Lost
2 20		a WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, np. of unknown) (1 yes give war or dgles of service)  Address	tawar
phys hen p	F	UNKNOWN, HERSING HOME. RECORDS	APPROXIMATE INTERVA
he death ce o ottending i permit. The		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a) SEPTICEMIA	BETWEEN ONSET AND DEATH
t the d the ott sit perion,		Conditions, if any, which gave)  (b) DECUBITUA ULCARS	3 MUNTHS
equires that the physician. signed by the c buriol-transit p buriol, crematio		stating the underlying cause (a).  Stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF (c).  (c) FRACTURED HIP	July 965
requir ng phys na sign ne burie to burie	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	<del></del>
The law requires the ottending physician. has been signed by se as the buriol-train the prior to buriol, cre	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 A JTOPSY? 200 IF YES WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERT FYING
JAN: Tral or ficate for us for us	ਤ	OR CONTR BUTING CAUSE OF DEATH HOUR A M. Month Day Year	
by the hospital by the hospital fler this certificate be detoched for Stote Dept. of H	MEDI	21d. INJURY OCCURRED 21e. PLACE OF INJURY ( AT HOME FARM STREET, FACTORY ) 21f. LOCATION Street or R.F.D. No. City of Town	County State
by the officer the be der		while of wark of wark   Residence   35 3 4 RAY Mover Rock   22a. I certify that (I) (this haspital) attended the deceased from 1963, to 1963, to 1963 and the deceased olive an APRICAL 1965, and that in (my) (aur) apinion death acturred an the date	
OR ATTENI be retained JIRECTOR: A je 3 should ed with the		causes stated above. (1) (we) (did) (did nat) view the bady after death.	and haur and fram the
L OR / be re DIREC DIREC		DEGREE PHYS DEGREE PHYS DIRECTOR DIRECTOR PHYS 4/	10/69
Poge 4 may be retained by the hospital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the ottending phy director, page 3 should be detached for use as the buriol-transit permit. Then should be filed with the State Dept. of Health prior to buriol, cremation, or removal		22d PHYSICIANS NAME (Type) DR LEG I DUNOVAN \$217 WISCONSIN AVE	Bethere Id
TO HC Poge TO Ful direct		Cramacatory waterville Crematory waterville	(Coulden York
VR A15 (4) 45M - 1/69		Robert A Pumphrey Bethesda, Md April 15 1969	o de la constante de la consta



1 -	the s		NUMBER OF M			DEPAKIME			VIAND ATAAT	057	1.0
-{	05723		DIVISION OF V			ATE OF D		MUKE, MAK	TLAND 21201	00;	2 0
	EASED-NAME	First		Middle		Last		2a. DATE OF	DEATH		Zb. HOUR
Пур	pe or print)	JAME	S	NMN		ROBINSO	N		Month 4 D	ay 9 Year 6	59 2:30Pm
3. SEX	MALE		4. RACE COLORE	D		S. DATE OF BIRT	⊪ 1902		6 AGE (In years last birthday) 66 YRS	IF UNDER 1 YEAR MONTHS DAY	
7a BIR	RTHPLACE (State or fa y)	reign 7	b. CITIZEN OF WHAT USA	COUNTRY?	8 MARRIED   WIDOWED	NEVER MARRI	IEV[A]	9. COUNTY OF Montg	DEATH		Md.
	OLNEY	Н	II NAMI giye stre	E OF HOSPITAL OR IN et address) NTGOMERY	GENERA		12a. USUA during ma	E OCCUPATION ast of working KNOWN	(Kind of work dane life, even if retired.)	125 KIND ( INDUSTRY UNK N	OF BUSINESS OR
13a U admiss	SUAL RESIDENCE (Whe		l lived, if institution 13b. COUNTY MONT GO	: Residence before DME RY			AE INSIDE CITY LII		EET AND NUMBER 27 ZION R		
14 FAT	THERS NAME FIT	st KNOWN	Middle	Last	15	MOTHER'S MAIL	DEN NAME F	urst Unknow	Middle N		Last
16o. W Yes	VAS DECEASED EVER II , na, ar unknawn) UNKNOWN	N U.S ARMEI (If yes give wor	D FORCES? 16 or dates of service)	6. SOCIAL SECURITY	NO. 17. I	NFORMANT MEDICA	L Reco	ORD DEP	Address		
ri s: fc	anditions, if and, whise to immediate containing the underlying open.  PART 2. OTHER SIGNIF	iuse (a), ( ig cause	(c)		en	Lres-C	e de la		* * *	1	
RIFFICA	90 DATE OF OPERATIO		INDITION FOR WHICH			20a. AUTOPS	NO 🗌	CAUSES	YES, WERE FINDINGS OF DEATH?		CERTIFYING
EDICAL	To ACCIDENT WAS L TOR CONTRIBUTING C If either, notify medi- 21d INJURY OCCURRE	AUSE OF DEATH cal examine	r) HOUR A.M. P.M.	Month Doy Year	9				y in Part 1 ar Part 2 ar Tawn	, Item 18.)	State
2	While Not while twark 220 I certify the saw the dec causes stote 225 SIGNATURE	egsed alived above,	hospitol) attentive on (I) (wo) (old) (d	adnot) view the	body ofter o	d that in (my) death.  ATTENDING PHYS  22e. ADDRI	) (aur) apil	, ta 7 hian death o	STAFF 220	9, the late and hou DATE SIGNED	at (1) (t <del>ive)</del> last
230	NAME (Type) BUR-AL, CREMATION, REMOVAL (Spydia)	23b DA	SCHUMACHE -12-69		CEMETERY OR		ELL AV		N (City or Town)	(County)	(State)
24. FL	INERAL DIRECTOR	0	· · · ·	ADDRESS	6	L'mot	APR	registrar 1 7 196	9 25b REGISTRAR	S SIGNATURE	ege.



1			C 201 W. DECTON CERTER DA		
X	05724	DIVIDION OF WHAL RECORD	S, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		05719
1/ = 8/2	1. DECEASED NAME	First Middle	tost		
t Table	(Type or print)		fost	20. DATE OF DEATH Month Do	y Yeor 2b. HOUR
5 SE-5	2 CFV	Elsie Trene Ro	gers	k 15 6	9 12 8
offer fu	3. SEX	4. RACE	S DATE OF BIRTH	6. AGE (In years last birthday)	F UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
S D D	Rema P	White	1, - 79	- 25 1,3 YRS.	MONTUS DATS DUDKS MIN
bou by	7o. BIRTHPLACE (State or fore country)	ign 7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED K NEVER MARRIED	9 COUNTY OF DEATH	
d ir per 72	* * * * * * * * * * * * * * * * * * * *	II.S.	WIDOWED DIVORCED	Mont gomenn	Md.
in je general in je	10. CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If not in hospital 120 US	Mont gomery UAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
# 李6季7/	Talcome Daw	give street oddress)	Idurino	most of working life, even if retired ) Housewife	INDUSTRY
d v d v d v d v d v d v d v d v d v d v	130 USUAL RESIDENCE (Where	k Washington deceased lived, if institut on Residence before	A TIRE CITY OF TOWN 1 THE MAINE CITY	LIMITS? 13e STREET AND NUMBER	_
amp owe /6	Indmission! \[Alb	land Prince Gerog	es Lanham YESA	NO C	79 .
a co	14 FATHERS NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	First Middle	
/ E / 5 E				riis) Mudgre	Lost
age age	16g, WAS DECEASED EVER IN	11iam Mc Nam  a.S. ARMED FORCES? 16b SOCIAL SECURIT	YNO. 17 INFORMANT	te	Thomas
. K. S. S. S.	Yes, no, or unknown)	yes give war or dates of service)		Address	
phy ovc		-		Rogers - above	address
ing Th	IB. CAUSE OF DEATH (B	inter only one couse per line for (o), (b), and (	d) (Ht	isband)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
end mit.	PART I. UDAID WAS	CAUSED BY  IMMEDIATE CAUSE (o)	Herate	Faller	
affi affi an,	11/44	DITE TO OR AS A CONSEQUENCE O	)F		
a file	Conditions, if ony, which	gove)	Metaltine -	From Ca Romand	5 mal
thai by to ans	issa to immediate cous	DUE TO, OR AS A CONSEQUENCE (	)F	7 100	
PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death e haspital ar attending physician. his certificate has been signed by the attending physician and campletely filled in by the fuperal stached for use as the burial-transit permit. Then please remove carbon papers. Pages and 2 Dept. at Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death.	lost	(0)	Co Brack		12 Brace
ign virial unit	PART 2 OTHER SIGNIFICA	ANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	CONDITION GIVEN IN PART 1(A)	17 11/10
region of the property of the			*	terior of the first (o)	
daw ndir bee s th	190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AUTOPSY?	20b. IF YES WERE FINDINGS O	ONCIDEDED A CERTIEVING
The faw rafending has been se as the h priar to	190. DATE OF OPERATION 2/2-)/6 \$ 210. ACCIDENT WAS UNIT	Con Breat	YES NO E	CAHEES OF DEATING	CONTRACTOR OF CERTIFICATION OF THE CERTIFICATION OF
ar care te h	210. ACCIDENT WAS UNE			er noture of injury in Port 1 or Port 2,	6 101
YSICIAN: aspital ar certificate hed for us of Health	G (If either, notify medical		210 HOW INJUNI OCCORNED (EM	fer noture of injury in Port 1 or Port 2,	frem 18.)
HYSICIAI haspital certifica iched fo	S 014 D HIDY OCCUPAGE	At Diage of Million 227 John Care Concer	19		
PHYSICIA he haspita this certific letached for	While Not while	21e. PLACE OF INJURY ( AT HOME EARM, STREET OF CE BUILDING ETC	(ACIONT) 21f LOCATION Street or R F D N	o. City or Town	County State
	DI WOLK DI WOLK				
DING by the frer the be de State	22a. I certify that	(I) (th <del>is hospit</del> al) attended the deceo	sed fram, 19_	65, to Am 15, 19	65 , that (I) (we) last
ATTENDING etained by th CTOR: After 1 shauld be di	saw the deced	(I) (this hospital) attended the deceo sed dive on A (1) (3) above, (I) (we) (dd) (did not) view th	_1961, and that in (my) (our) ap	pinian deoth accurred an the do	ite ond haur and fram the
ATTEN retained ECTOR: A should with the	22b SIGNATURE	above, (i) (we) (and) (alla har) view in	e bouy difer deom.		
AL OR ATTENI y be retained L DIRECTOR: A age 3 shauld filed with the	1220 SIGNATURE		DEGREE PHYS	MED STAFF	DATE SIGNED
Log Page	22d. PHYSICIAN'S	RA Dane ) ME	111107	DIRECTOR PHYS PHYS	
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld 2 shauld be filed with the	NAME (Type)	P. N. Sondstran 5	22e ADDRESS 776\	Corroll An Tk	O)C, md
OSI Profest	230 BURIAL CREMATION,		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	Manufal Mana
Pag Pag Fl dire sho	Propried)	4/18/69 Fort	Lincoln Cem.		(County) (State)
E-5	24. FUNERAL DIRECTOR INT OF T		The Dodand on 120 pern	Colman Manor  EY REGISTRAR 256 REGISTRAR S	MO
VR A15 4	24. FUNERAL BIRECTOR NO INC	lley's Funeral ADDRE	r yland DATE	2 1 1959 00	elas Verdan
43W - 13GA 1	-110	[VI	Tylend DATE	1 1000	4

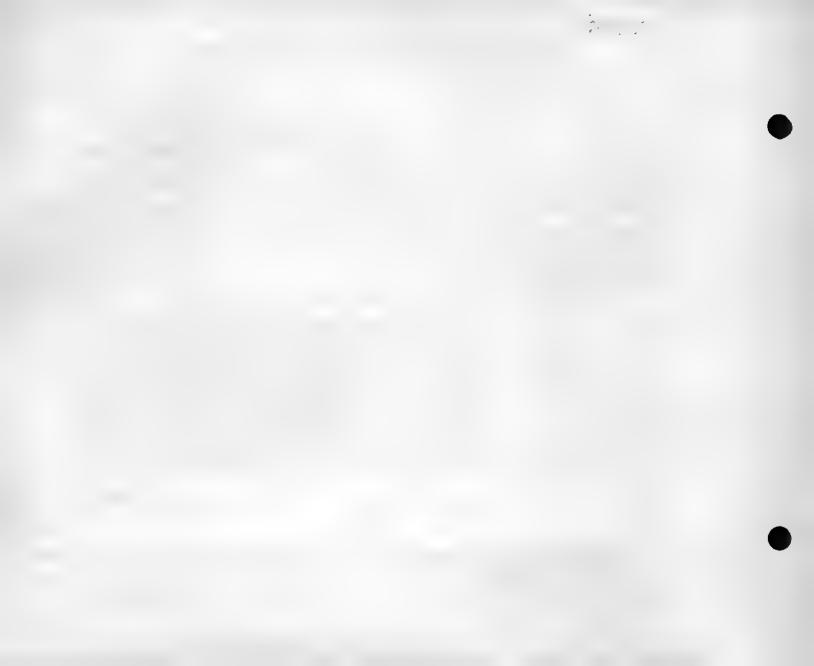


1		05725	DIVISION OF VITAL RECORDS	CERTIFICATE OF D		KE, MAKTLAND 21201	
	1 D	ECEASED-NAME First	Middle	Lost		DATE OF DEATH	) 5 7 2 () 2b.
		(ype or print)		Romola		April 17	94 1000 1
	3. \$1	<u>Peter</u>	Joseph 4. RACE	S. DATE OF BIRT	H	6 AGE (In years	15 JNDER 1 YEAR   IF UNDER
	1					(ast birthday)	MONTHS DAYS HOURS
	70	Male BIRTHPLACE (Stote or foreign	7b CITIZEN OF WHAT COUNTRY?	29 July		DUNTY OF DEATH	
	cani	ntry)		8. MARRIED ( NEVER MARRII WIDOWED ( DIVORCE	ED		
	10.0	ashington. D.C.	U.S.A.	NSTITUTION (If not in hospital		Montgomery CUPATION (Kind of work done	125. KIND OF BUSINESS
	Ŀ	Bethesda	give street oddress) The Clinica	l Center, NIH	during most of	working life, even if retired.) trician	INDUSTRY U.S. Govt
~,		USUAL RESIDENCE (Where deceos issign) STATE	ad lugad if institution, Residence before	13c, CITY OR TOWN 13c	d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
20	ddill	Virginia	Jab county Loudoun	Sterling	(ES D NO D	804 West Por	olar Road
net.	14. 1	ATHER'S NAME First	Middle Lost	15 MOTHER'S MAID	DEN NAME First	Middle	Last
#		Joseph	Romol	a.	Talin	na	(Unknown)
	160.	WAS DECEASED EVER IN U.S. ARM es no, or unknown) (If yes give w	NED FORCES? 165. SOCIAL SECURITY	NO. 17. INFORMANTThe	Medica	I Record Address	
		Yes 1941-	146 578-09-47	21 The Clini	cal Cent	ter, NTH, Beth	esda Md. 20
		18. CAUSE OF DEATH (Enter on	ly one cause per line far (a), (b), and (	:).)			APPROX MATE INTER BETWEEN ONSET AND I
	1	PART I. DEATH WAS CAUSED	o By. ITE (AUSE (6) Acute my c	cardial infarc	tion		36 hours
		4104	DUE TO, OR AS A CONSEQUENCE O	F			
		Conditions, if any, which gave	(b) Arterioso	elerotic heart	disease		years
	H	rise to immediate cause (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE O	F			
		last.	(c)				
		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL S	DISEASE OR CONDIT	TION GIVEN IN PART 1(o)	
	×						
	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS I		Y?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYIN
/	I			YES 🔀	NO 🗌	CAUSES OF DEATH?	
		21g ACCIDENT WAS UNDERLYIN			RRED (Enter notu	ire af injury in Port 1 or Port 2	, item 18.)
	MEDICAL	or contributing (Ause of Cent (If either, notify medical examin	ner) P.M.	19			
	1	21d. INJURY OCCURRED 21e.	PLACE OF INJURY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC.	ACTORY.) 21f LOCATION Street	ar R.F.D. No.	City or Tawn	County
		at work of work					
		22a. L certify that (1) (th	is haspital) attended the decea live an 17 April	sed from 15 April	, 1969	, ta <u>17 April,</u> 1	9 <u>69</u> , that (1) (w
		saw the deceased a	live an 17 April (did) (did) (did) view the	.1769, and that in 附外) body ofter death	(aur) apinian	death accurred an the d	late and hour and fro
		22b SIGNATURE	"S(1) (we) (and (did not) view in	e budy uner deum.		22/	. DATE SIGNED
		MA	1/ 74	DEGREE ATTENDING	MED.		7 April 1969
		22d. PHYSICIAN'S		1 1113		inical Center,	
1		NAME (Type) Amiel	Segal, M.D.			Health, Beth	
I	230	BUR AL, CREMAT ON, 23b.		F CEMETERY OR CREMATORY		LOCATION (City or Town)	(County) (State
	200	REMOVAL (Specify) Burial 2		nal Memorial Pa		alls Church.Fa	47
	24.	FUNERAL DIRECTOR Money	& King Funl. How		So. REC'D BY REC	GISTRAR 25b. REGISTRAR	S SIGNATURE
3	10	ma Pichand	Vienna		DATE APR 2		with Judge
	L	THI LANCA YEARA			PI II C	<u>u 1000</u>	



	OFFICE	DIVISION OF VITAL RECOR	DS, 301 W. PRESTON ST	REET, BALTIMORE	, MARYLAND 21201		
	05726	**	CERTIFICATE OF	DEATH		057	21
	ECEASED-NAME Firs	it Middle	Lost	2o C	ATE OF DEATH		26. HOUR
Ľ	Type or print)	ν.,	"RUSIN"	4	Month Do	Y Yeor	11 % M
3. S		4 RACE	S. DATE OF I		6 AGE (In years lost birthday)		IF UNDER 24 HRS.
L	FEMALE.	WHITE	4	1.51.0	YRS	MUNINS DATS	MIN MIN
70	BIRTHPLACE (State or foreign ntry)	76. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MA	KKIEU	NTY OF DEATH		
ᆫ	NUDS 14	U.S. A.			motgemery	<u> </u>	Md
10.	CITY OR TOWN OF DEATH	nive street address)	R INSTITUTION (If not in hospital	12g USUAL OCCU	PATION (Kind of work done orking life, even if retired)	12b. KIND OF B	USINESS OR
5	iluer Spring	Holy cre		//C_	UFG	4	
odn 13a	USUAL RESIDENCE (Where decedonission) STATE	osed lived, if institution: Residence before 13b, COUNTY		YES NO THE	13e STREET AND NUMBER .	1	1.
	FATHER'S NAME FIRST				10001	ington	HUE
19	FATHER'S NAME FIRST	Middle SHIPER	12 110111111111111111111111111111111111	NAIDEN NAME First	Middle	(23	lost ひん・)
160	WAS DECEASED EVER IN J.S. AR			e Ca	Address	, ,	
			448291 MRS	ELI ROSE	\ / "	en 158	(see)
-	18. CAUSE OF DEATH (Enter o	only one couse per line for (a) (b) and			6		ATE INTERVAL
	PART I DEATH WAS CAUS	ED BY. DIATE CAUSE (a)		n Pan	7	60	SET AND DEATH
	4310	DUE TO, OR AS A CONSEQUENCE	OF	No. Company			
	Conditions, if ony, which gave	Company of the second	el was willer	READON	2 - hubertens	LAL L'EU	رام
H	rise to immediate couse (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF			,	
	lost.	(c)			•		
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	AL DISEASE OR CONDITIO	N GIVEN IN PART 1(a)		
N N							
1 A	19a DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WA			20b. IF YES, WERE FINDINGS ( CAUSES OF DEATH?	CONSIDERED IN CER	RTIFYING
CERTIFICATION	21o. ACCIDENT WAS UNDERLY	ING 216, TIME OF INJURY	YES [			Nam 10 t	
	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth Day Y	ear	COKKED (Enter nature	of injury in Part I or Part 2,	irem 18.)	
MEDICAL	(If either, natify medical examination 21d. INJURY OCCURRED 21d	niner) P.M.	19 15 LOCATION See	net es DED. No	City or Town	County	State
	441.00 110.61110	B PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING ETC.	ZII. LOCATION SIM	rei di K.F.D. NO.	CITY OF TOWN	County	21016
	at work at work	his hospital attended the doce	osed from Yune	1964	10 artel -7 19	69 , that (	(I) (up) lost
	saw the deceased	his hospital attended the dece	19 61, and hat in (r	ny) (🏎) apınian d	eath accurred an the di	ate and havr a	nd from the
	causes stated abay	re, (I) (we) (did ( <del>did not)</del> view t	he bady after death.				
	22b. SIGNATURE	- C. Weiner	MD DEGREE PHYS	ING MED DIRECTOR	STAFF 22c	DATE SIGNED	919
			DEGREE PHYS	DIRECTOR	P. D/c		1801
	224 DHAZICIAN C		11110		□ PHYS. □	me sale	
	22d. PHYSICIAN S NAME (Type)	MONC. WEINER	11110		- Selved San	mig &	nd
230	BUR-AL CREMATION. 23b.	MONC WEINE	C, MD 820	DRESS 01-16-87	- Schred Spr	wig )	(State)
230	NAME (Type)  BUR-AL, CREMATION, 23b. REMOVAL (Specify)	MONC WEINE	OF CEMETERY OR CREMATORY	DRESS 01-16-87	- School Sph	2	(State)
230 \$259	BUR-AL CREMATION. 23b.	DATE 23c NAME 1-29-69 NATE	OF CEMETERY OR CREMATORY  CAP HEBRE	DRESS 01-16-87	- Sched Sph	2	(State)

MAKTLAND STATE DEPAKTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120 572 05728 CERTIFICATE OF DEATH First Lydia Middle E lost Ruedi DECEASED NAME and 2 2a. DATE OF DEATH (Type or print) RUEdi 4 RACE 5 DATE OF BIRTH 6. AGE (In years F UNDER 1 YEAR F UNDER 24 HRS last birthday) MONTHS DAYS The law requires that the death certificate be executed within 24 hours af HOLES 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED COUNTY OF DEATH remove corban papers. n anv event, within 72 ha physicion and completely filled in WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR give-street oddress) during most at warking life, even if retired) INDUSTRA ESde event, 13a JSLA: RESIDENCE (Where deceased lived, if ast tution. Residence before OR TOWN MISTOR CITY , M. TS? buriol, crematian, or removol, and in any 14 to as NAME 15. MOTHER'S MAIDEN NAME First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN Yes, no or whitnown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY Aneurysm, ruptured, circle of Willis IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the Conditions, if any, which gave rise to immediate cause (o). by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospital or attending director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to this certificate has been 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TI NO 🗍 230 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. ( AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town State County While Nat while at work TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceosed fram 1969, and that in (my) (our) opinion death occurred on the date and hour and from the couses stated abave, (I) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR DEGREE PHYS 22d PHYSICIAN'S 22e. ADDRESS NAME (Type) Da 160 DON'S VAT 140 WHEENSIM AVE BETHELOW 23a BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial Parklawn Cemetery Rockville, Montgomery Co., Md. JOSEPH GAWLER'S SON, INC. ADDRESS 24 FUNERAL DIRECTOR 25g RECD BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 145 DAMAY 5130 WISC AVE., N. W. WASH., D. C. 20016 1969 Milandon Voudas



1	MARYLAND STATE DEPARTMENT OF HEALTH	
	05729 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	5721
ATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
EPT.	DECEASED NAME First Ida Middle Flora Lost Rush 20 DATE KNOWN Month Do OF ESTI-	,
	TOA TICKA KOSK DEATH MATED X 2	19.7 3 A 1
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD Months DAYS HOURS MINK Month 9 Days	Year 20 HOUR
	-7 W ////0/3 // VRS Capiel 32	Year 1969 5 5N
	O. BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED V COUNTY OF DEATH	
K	OUNTS SISSIPPI USA WIDOWED DIVORCED MONTERY	M
		DUSTRY
7	DETRESON DUBLIAND HOSPITAN AT HOME	- COTAT
	30 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDECITY LIMITS? 13e STREET AND NUMBER 200 STATE. 13th COUNTY / 200 A COUN	. 7.
1 2	MISSISSIFOI LAI, CERCALE VIERISIAN ISLING DISTING SP	ings ORIVE"
5 l'	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
-		
	60 WAS DECEASED EVER IN U.S. ARMED FORCES? (Young not or unknown) (If you give wor or dates of survice)  16b SOCIAL SECURITY NO 17 INFORMANT 6014 CON WAY RO, ADDRESS BETT.  425-94-9311 EVELOW & Matter X - diverties	nesse alor.
ŀ		APPROX MATE INTERVAL
	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b) and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  COLONIST (C)  TO SOLO FINE COLOR (C)	BETWEEN ONSET AND CHATH
Т	1/10	5
-	Conditions, if ony, which gove )  (b)  Conditions, if ony, which gove )  (b)  Conditions if ony, which gove )	4.115
	rise to immediate couse (o).	7
	stoting the underlying couse DUE TO, OK AS A CONSEQUENCE OF	
- 1	PART 2 OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND TION GIVEN IN PART 1(o)	-
1	TAKE 2 OTHER SIGNAFICANT COMO TIONS CONTRIBUTING TO DEATH BUT NOT RECALED TO THE TERMINAL DISEASE OR COMO TION GIVEN IN PART 1(0)	
	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
8 / 14	WAS PERFORMED?	YES NO P
repr	210. EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	
	196 DATE OF OPERATION   197 CONDITION FOR WHICH OPERATION   WAS PERFORMED?	
	- I TI TOWN ACCOUNTS I THE LINE OF HOUSE, DITT, 3-1001, I TI FORMION SHOOL OF ALLO HO. CHI SI 10 MIL	County State
	while Not while at work At work	
	220. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	ond in my opinior
	deoth resulted from: Natural couses XI, Accident I, Suicide I, Homicide I Undetermined monner	1
1	ACTUAL CONTROL OF THE SIGN ACSISTANT MEDICAL EVAMINED 22b DATE SIGN	NED
	SIGNATURE STANDARD TO STANDARD	30.1969
	EXAMINER'S NAME (Type) ADDRESS(Street, city, town, or county)	*
	230 BURIA., CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (State)
	Removal Burial 5-1-1969 Magnolia Cemetery Meridan, Lauderdal	Le Co., Miss
	24. FUNERAL DIRECTOR JOSEPH GAWLER'S SON. IN ADDRESS 250 RECD BY REGISTRAR 250 RECD BY RECD BY RECD BY RECD BY REGISTRAR 250 RECD BY RECD BY RECD BY RECD	
	\$130 W.SC. AVE. N W. WASH., D. C. 20016 DATEMAY 6 1969	700

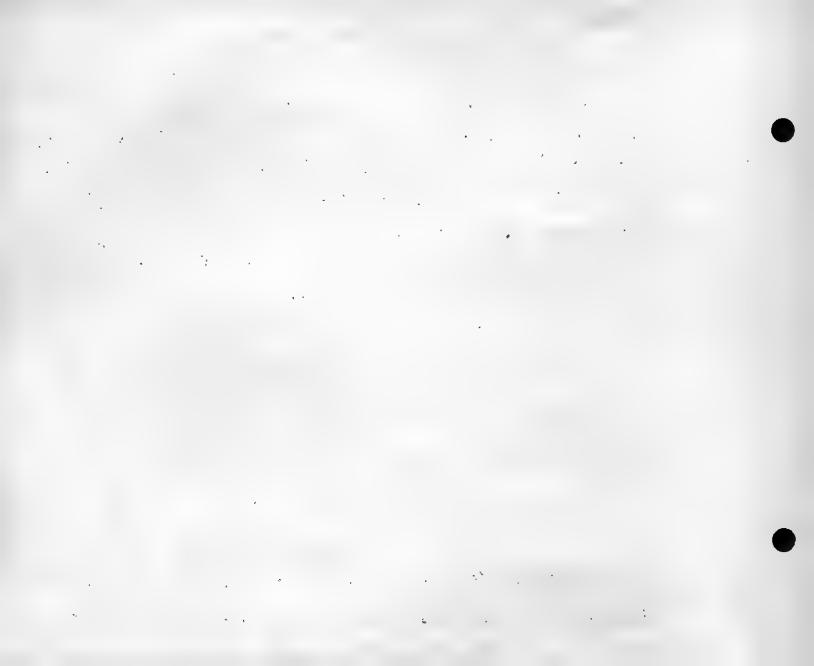
no cereta ...



× 1 16	Item17 FilmGl11 MARYLAND STATE DEPARTMENT OF HEALTH 11/15/69 kk DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	14/2/0/ MARKET AND ALTERIAL PROPERTY OF APPRIL	5725
HEALTH DEPT.	1 DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Do OF ESTI- 4-5	Yeor 2b HOURS
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (in years 15 UNDER 24 HRS 2c DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Months Days HOURS MIN Doys	Year 969 3:00M
- PO 100	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Montgomer.	Md
	Take the todays) Can g trans during most of working life, even if retired.) LIND	KIND OF BUSINESS OR HEREAU OF Graving U.S.
hours offer deathem 18. Give Pag Office along with and 2 with the Sta	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN odmission) STATE No COUNTY 13e STREET AND NUMBER 6804 Knollbrock	Gov't
n 24 hours II in Item I ner's Office ges-Land 2 qurs ofter o	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
4 - 2 4 2	Anthony Russo Sadie Demma  160. WAS DECEASED EVER IN U.S. ARMED FORCES?  160 SOCIAL SECURITY NO. 17 INFORMANT Plumhoff RESS  (Yes no gruphonya)   1/2	
within pencil xamine ile paga 72 hou	(Yes, no, or unknown) (fryes give wor or do'es of service) 216-07-4962 Lillian RussonNee Ruythoff) above,	wife
s certificate should be executed within 2, writing the word pending. In pendil in forwarded to the Chief Medical Examiner used as a buriol-transit permit. File pages emoval, and in any event within 72 hours.	1B. CAUSE OF DEATH (Enter only one couse per line stor (p), (b) and (c)) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c)  CONTROL OF COUNTY OF CO	APPROX MATE INTERVAL BETWEEN ONSET AND OLATH
d be evithief Michief	Conditions, it only, which gove nose to immediate cause (a).  DUE TO, OR IS A CONSEQUENCE OF Conditions, it only, which gove (b) cremery are all the constants.	la
certificate should writing the word rwarded to the Cl ised as a burial-tri noval, and in ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
incote and the ded to as a large of large and	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ins certificate to writing the forwarded to be used as a bremoval, and	190 DATE OF OPERATION  196 CONDITION FOR WHICH OPERATION  WAS PERFORMED?  210. EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2 Item	20 AUTOPSY?
fico fico fico fico fico fico		
ICAL EXAMINER: Execute the cert for Page 4 should ed for your files. CTOR: Page 3 shou burial, cremotion,	Cross of vents	County State
execution Pograph of For y ToR: Pograph of F	22a   certify that I took charge of the remains described above, held an Autopsy Inspection Inquiry	and in my opinian
DEPUTY SICAL IS CESSARY, please exect the functor plant plan	ACTHAL ( CHIEF MEDICAL EXAMINER )	
o DEPUTY necessary, I the funeral 5 may be i 0 FUNERAL	SIGNATURE SIGNATURE DEPUTY MEDICAL EXAMINER DEPUTY MED	5 1919
TO DEPL necessa the fun 5 may TO FUNE Health	230 BURIAL CREMATION 23b DATE 23c NAME OF COMERRY OR CREMATORY 23d LOCATION (City of Town) (Co	ounty) (Stote)
VR A15ME 15/1	Burrau 1 (Specify)   4/9/69	William.
TOM REV 1/68	DATE IT I TO THE TOTAL OF THE TENT OF THE	



MARYLAND STATE DEPARTMENT OF HEALTH				
_	1.4		05731 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		П	CERTIFICATE OF DEATH	05726
	4 24		DECEASED NAME First Middle Lost 20 DATE OF DEATH	2b. HOUR
	offer deoth. he funeral yes I ond 2 after death.	'	Type or print) BETTY Z . SALER Month Doy	- Year & 12-24
	fun fer c	3. 3		IF UNDER I YEAR   IF UNDER 24 HRS.
	the same same		FERCHLE WAITE 3-15-1450 lost hirthdoy) YRS	MONTHS DAYS HOURS MIN.
	200		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	10
	d in d in d in d in d		FOLAND V 3 A WIDOWED DIVORCED 176NT COMERY	1 COUNTY Md
	filled in popers thin 72	10.	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
	with bon with with		TILVER SPRING HOLY CRUSHED PRODEWIFE	H.W.
	completely ove carbon y event, wi	130 <b>o</b> dn	USUAL RESIDENCE (Where deceased twed, if institution Residence before 136 CITY OR TOWN 136. INSDE CITY LIMITS? 13e STREET AND NUMBER 15 (1) STATE 13b. COUNTY 13c.	22.11. PA
	com		17.D THINE WAXE SUILE IN IN IT SANCHE	
	nd rem		FATHER'S NAME First Middle Lost / IS MOTHER'S MAIDEN NAME First Middle	Last
	physician and en pleose removal, ond in ar		ACOB JOSEPH CIARFIELD M'NNIE FI	WKEL STEIN
	Sick of the second seco		1. WAS DECEASED EVER IN L.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service)  16b. SOCIAL SECURITY NO. 17 INFORMANT  Address	BEITS VIIIE, MD
	of the death estring the attending phys nsit permit. Then p emotion, or removal,		101-14-7292 SAGER HAROLD W. 11366 CA	APPROXIMATE INTERVAL
	em The		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND GEATH
	eaff endi nit.		IMMEDIATE CAUSE (0) Cardio - Respiratory Clinest	
	atti atti on,		DUE TO, OR AS A CONSEQUENCE OF	
	t the		Conditions, if any, which gave (b) motostatic Carcingma Princery Unpersoner,	
	tho on. by rran	1	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
	res /sici		lost. (c)	
	equires thot physicion. signed by 1 burial-frans buriol, crem		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	w reling	8		
	s bread as a sprior	. 🛮 🗟	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
	The safe in the sa	CERTIFICATION	YES NO NO CAUSES OF DEATHY	
	AN: AN: Il or cote cote or a			tem 18.)
	Pig dia pig di	MEDICAL	(If either, notify medical examiner) P.M. 19	
	O HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death sertificate be executed within 24 hours Page 4 may be retained by the hospital or attending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers hashould be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 your	2	21d. IN.JRY OCCURRED While Not while of work  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC.  21f. LOCATION Street or R F.D No City or Town	County State
	NG Y The edge of the date	1		69 that (I) (we) last
	d b d b d b d b		22a. I certify that (I) (this benefit) attended the deceased from agric 1, 1969, to agric 20, 19 saw the deceased alive an agric 20, 1969, and that in (my) (our) apinion death accurred on the da	te and haur and fram the
	E Sine E		causes stated above, (1) (we) (did) (did not) view the bady after death.	
	ECT sets with with with with with with with with		22b. SIGNATURE ATTENDING MED STAFF	DATE SIGNED
	ed Se			rie 20, 1969
	O HOSPITAL Page 4 may O FUNERAL I director, page	١	22d. PHYSICIAN'S BERNACOA. / HECKMAN, MD 22e ADDRESS 8107 EASTERN AVE SIL	SP.MO
	HOS UNI ecto	236	BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
	5 5 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4	1	ANAVALSDELLY 4-21-69 DETH LAVID CEM. ELMONT, LI	Ney
	VR A35 (4)	24	FUNERAL DIRECTOR ADDRESS 2So. REGISTRAR 2 2Sb. REGISTRAR S	SIGNATURE
	30M REV. 1/68	(	CLABERGIOURIAL HOME 42179FINOTICU DAILATING J 1000	1 / F - /F







. 1 3,	Tt		14-74-698-MARYLA	IND STATE DEPARTMENT OF S, 301 W. PRESTON STREET, BAL	HEALTH TIMORE MARVIAND 21201	
A		05734	DIVIDION OF THE RECORD	CERTIFICATE OF DEATH		05729
oth oth		CEASED-NAME First ype or print)	Middle	Lost	20 DATE OF DEATH  Month Dov	Yeor Yeor
9 9 9	3. 5	MAN	14 RACE 1412-HE	OWEN OCHIEFE	R 4-8	- 69 8.52AM
s after		F	· W	5 DATE OF BIRTH 1-13-74	6. AGE (n yeors last birthday) YRS.	IF UNDER 1 YEAR F UNDER 24 HRS MONTH'S DAYS HOURS MIN
hour rs. P	7ο (Ου	TIRTHPLACE (Stote or foreign	7b CITIZEN OF WHAT COUNTRY?	B MARRIED NEVER MARR:ED	9 COUNTY OF DEATH	
nin 24 filled i paper hin 72	10	TEUUA.	U.S.A.	WIDOWED DIVORCED	MONTGOM.	
within bon p bon p	1/4	KOMA PARK	give street oddress)	SAN & HASP during 1	JAL OCCUPATION (Kind of work done most of working life even fret.red)	126 KIND OF BUSINESS OR INDUSTRY
ICIAN: The law requires that the death certificate by executed within 24 hours after death pital or attending physician. Tifficate has been signed by the oftending physician and campletely filled in by the funeral of for use as the burial-transit permit. Then please remove carbon papers. Pages and aften the prior to barial, cremation, or removal, and in any event, within 72 hours after the proof of the stagent of the stage	3o odm	JSUAL RESIDENCE (Where deceasission) STATE	d lived, if institution Residence before			209 Chelten
ond corremo	14.	ATHER'S NAME First	Middle Lost	IS MOTHER'S MAJDEN NAME	First Middle	Lost
din Se or		JOHN	W Sw	LOER FLI	ZABETTI .	TYGER
ertificate by physician chen please	160 Y		FD FORCES?   16b SOCIAL SECURIT or or dates of service)	Y NO. 17. INFORMANT	Address	0
certify phy hen novo	-	10 CAUSE OF DEATH (Fotor onl	one couse per line for (a), (b), and i	1 HUBHIE	5, 7809 CHEL	TON KO .
ne death cer offending p permit. The		PART 1. DEATH WAS CAUSED	BY.	(9) Caro.	ad XXXIII	AT POXIMATE INTERVAL BE INVERN ONSET AND DEATH
he death ottendi permit.		4377 IMMEDIA	DUE TO, OR AS A CONSECUENCE (	M A	7 1-	- Juger
the the mati		Conditions, if any/which gove )	(b) Celealis	Vosculer all	ident	Way.
requires that the death certificate g physician.  signed by the ottending physician burial-transit permit. Then pleas burial, cremation, or removal, and		stoting the underlying couse lost	DUE TO, OR AS A CONSEQUENCE	Vosculer eln	sufficience.	in
equires physicic signed b⊌riol-t		PART 2 OTHER SIGNIFICANT CON	ITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
ding ding seen the tro	No	Alreve de	eculita o	confection		
: The law randing or attending le has been use as the all prior to	CERTIFICATION	190. DATE OF OPERATION 19b (	ONDITION FOR WHICH OPERATION WAS	PERFORMED / 200. AUTOPSY?  YES NO	20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
YSICIAN: ospitol or certificate hed for u		210 ACCIDENT WAS UNDERLYING CAUSE OF DEATH		21c HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2, 1	tem 18.)
HYSICIA hospitol is certifica ached fo	MEDICAL	(If either, notify medical examin	er) P.M.	19		
be he has this detacles		While Not while of work of work	PLACE OF INJURY ( AT HOME FARM, STREET OFF CE BUILDING, ETC	FACTORY.) 21f. LOCATION Street or R F.D. N.	o City or Town	County Stote
by 1 by 1 After be c		22a. I certify that (I) (thi	hospital attended the deced	ised from 194, 194	66, 10 april 8, 19	69, that (I) (we) last
TEN Ined OR: A		saw the deceased al causes stated above	(I) (we) (drif) (dist hat) view th	19_69 and that in (my) (oet) or e body after death.	Dinian death/occurred on the do	le and havr and from the
Page 4 moy be retained by to FUNERAL DIRECTOR: After director, page 3 should be a should be tiled with the State		22b SIGNATURE	Du Duce	h Degree ATTENDING DE	MED. STAFF	DATE SIGNED/19
TAL ( AL DIO B Poge e file		22d. PHYSICIAN SO NAME (Type)	2015 11 1551	22e ADDRESS	DIRECTOR LI PHYS. LJ 4	STUER
A m A m NER Stor,			OLD W. KDITH	PER MD 9601	P-EOVEW V	DE SPRING,
TO HOSPITAL Page 4 moy TO FUNERAL I director, pog shauld be fil		BUR AL CREMATION, 23b D		n Cemetery	23d LOCATION (City or Town) Rossiter, Pe	nna (Store) 200/9
VR A15 [4] 45M 1/69	24.	SUMERAL DIRECTOR	Kemphan 7	55 7- Wis DATE	Y TGISTAR 19682Sb RIGHTHARS	STONATUR INSE



_ 1	05735	DIVISION OF VITAL RECORDS, 30	STATE DEPARTMENT OF HE TW. PRESTON STREET, BALTIM RTIFICATE OF DEATH		05730
death.	DECEASED NAME First (Type or print) James	M ddie		2a. DATE OF DEATH Month 18ay	2b HOUR 2:10A M
	Male Male	4 RACE White	5. DATE OF BIRTH 6-30-1900	6. AGE (in years last burn day) YRS.	IF UNDER 1 YEAR F JNOER 24 HRS. MONTHS GAYS HOURS MIN
72 hav	Sunbury, Penna	USA V	VIDOWED DIVORCED	Montgomery	Md
7/ 1	akoma Pk	II NAME OF HOSPITAL OR INSTITU gwe street address) Washington San	& Hospital during me	OCCUPAT ON (Kind of work dane of working life, even if petired.)  Tiked (ngin	126 KIND OF BUSINESS OR INDUSTRY
8 / L	mission) Haryland	13k COUNTY S	ilver Springs No	1101 Dale Dr	
i	i. FATHER'S NAME First  George	Middle Lost Schmick	15. MOTHER'S MAIDEN NAME First An		Daylor
aval, and in any	Yes, na, ar unknawn) (1) yes ave was		17 INFORMANT Silver Mildred Schmick	Spring, Address Minister 1101 Dale	Drive
burial, tremation, ar removal, and in	PART I. DEATH WAS CAUSED  // / / IMMEDIATI  Candit ans, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF  (b) Color Of Sequence OF  DUE TO, OR AS A CONSEQUENCE OF	Herrifailus o Serfic Carlio Vage.	Oulm Stans Dist C.H.F.	APPROXIMATE INTERVAL BETWEEN ONSE AND DEATH FEW INSTITUTES 2 hrs
with the State Dept. of Health prior to be a state of the State Dept. And the state of the state	5	DNDITION FOR WHICH OPERATION WAS PERFOR		206 IF YES, WERE FINDINGS CO CAUSES OF DEATH?	
0	OR CONTRIBUTING CAUSE OF DEATH Of their contribution cause of death Of their contribution cause of death Of their cause of dea	HOUR A.M. Month Day Year P.M. 19	) 21f. LOCATION Street or R.F.D. No	City or Town	County State
11100	while at work at work 22a. I certify that (I) (this sow the deceased alm causes stated above,	hospital) attended the deceased five on 190	from Jelly 1968	n deoth accurred on the dot	ond hour and from the
red &	22b SIGNATURE  22d. PHYSICIAN'S NAME (Type)  James		DEGREE ATTENDING MED. PHYS DIRECT	C SIAH C C	ate signed - 18-09  uk, Md.
3	BURAL CREMATION, 23b DA BUNCAL (Specify)  BUNCAL (Specify)  BUNCAL (Specify)  BUNCAL (Specify)  BUNCAL (Specify)	122, 1969 Parlig	pr Cemetery aryland 25a. REC'D BY RI	Bd LOCATION (City or Town)  Rockville, Mar  EGISTRAR 2Sb. REGISTRAR S	(Caunty) (State)
AT PORT U	arner E. Pumphre	4. Inc. 8434 Ga. Ave	. Sil Spg. APR 2	2 1969 Kulane	a Judge.



_	MAKYLAND STATE DEPARTMENT OF HEALTH
72 1	05736 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH
deoth.	1. DECEASED NAME (Type or print)  Another (Type or print)
s offer	3. SEX male   4. RACE white   5 DATE OF BIRTH   10/8/1886   6 AGE (in years   15 UNDER 24 HRS.   10/8/1886   6 AGE (in years   15 UNDER 24 HRS.   10/8/1886   10/8
4 haur	7a. Birthplace (Stole or foreign   7b. citizen of what country?   8. Married   Never Marr ed   9 county of Death   wildowed   Montgomery   Montgomer
PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the hospital or ottending physician one completely filled in by the ottending physician and completely filled in by the present than please remove carbon papers. Page 1 and 2 best of Health priar to buriof, cremation, or removal, and in any event, within 72 hours after eath	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital  Wheaton  12 USUAL OCCUPATION (Kind of work done through the property of retired)  12 USUAL OCCUPATION (Kind of work done through the property of retired)  12 USUAL OCCUPATION (Kind of work done through the property of retired)  12 USUAL OCCUPATION (Kind of work done through the property of retired)
equires that the death certificate be executed with physician. signed by the ottending physician and completely burial-transit permit. Then please remove carbon burial, cremation, or removal, and in any event, with the please removed.	130 USUAL RESIDENCE (Where deceased lived/if notifution: Residence before adm ssion) STATE 130 (OUNTY Washingtonyes) ND 5504 Nebraska Ave.N.W.
(x) John (n)	14. FATHERS NAME First Middle Last IS MOTHERS MAIDEN NAME First Middle Last
d S o o	Harry Schoening Sarah Frank
ertificote 16 physician en pleose oval, ond	160 WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, grunkngwn) [If yes give war or dates of sentia) 16b. SOCIAL SECURITY NO. 17 INFORMANT Address
physen poval	ves   WWI   15/9-60-3346 WILLIAM Rech-700 Welsh R.Apt.B-16
oth ce iding it Th	18. CAUSE OF DEATH (Enter only one cause per line for (a). (b), and (c).  PART I DEATH WAS CAUSED BY  APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
e deot ottend oermit on, or i	IMMEDIATE CAUSE (a) CALLACTTRECKLES (College)
he off	DUE TO, OR AS A CONSEQUENCE OF
the sit	rise to immediate cause (a). (b) which gave
trie by transfer and transfer a	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the control-transit probarial-transit probarial.	, (()
requery signature of the property of the prope	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM.NAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ICLAN: The law reputal or ottending rifficote has been and for use as the of Health prior to let the of the other prior to let the of the other prior to let the other prior the other p	Page DATE OF OPERATION 196. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. 1F YES, WERE FINDINGS CONSIDERED IN CERTIFYING
of the land of the	190. DATE OF OPERATION 196. CONDIT DN FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES NO CAUSES OF DEATH?  20d. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
T su tel	210 ACCIDENT WAS UNDERLYING 215 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.)
Tel file	S OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
OR ATTENDING PHYSICIAN: be retained by the hospital or DIRECTOR: After this certificate ge 3 should be detached for uled with the State Dept of Heoli	19   21d. INJURY OCCURRED   21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY)   21f LOCATION Street or R.F.D. No. (ity or Town County State of work of work of work)
N the term to the de	
NDI Sid b Id b Id b	22a. I certify that (I) (this-hospital) attended the deceased fram
* ATTENI retained ECTOR: # 3 should with the	codes stated dodge, (i) (we stated this har) view life body with death.
AL OR ATTENDING  y be retained by the L DIRECTOR: After it oge 3 should be d filed with the State	DEGREE PHYS DEGREE PHYS DIRECTOR DIRECT
TO HOSPITAL OF Page 4 may be for FUNERAL DIR director, page should be filed	LYIMOOD HEIGES, M.D., FA.C.A.
HOS Je 4 UNI ecto	23a BURIA, CREMATION, 23b DATE 23c NAME OF CEMENT OF CEMENT OF COMMENT OF COMMENT OF COMMENT OF CEMENT OF
Page display	brial (Specify)  4/16/69  Arling ton National 20853 Arling ton, Virginia  Arling ton National 20853 Arling ton, Virginia
	54 FUNERAL DIRECTOR STORY STORY ADDRESS 150" KEGISTRAK 3 SPAN SIKE 1
VR A15 (4) 45M 69	The S.H. Hines Co. Washington, D.C. DAPR 16 1969 Clearles June .



	05737		NO STATE DEPARTMENT OF 3, 301 W. PRESTON STREET, BA CERTIFICATE OF DEATH	LTIMORE, MARYLAND 21201	05732
1	. DECEASED NAME (Type or print)	First Middle Baby Boy	lost Seal	20. DATE OF DEATH	2b HOUR 6.20 M
3	liale	4 RACE White	S DATE OF BIRTH 3.30.69	6. AGE (In years iast birthday)	1F UNDER 1 YEAR IF JINDER 24 HRS MONTHS POAYS HOLRS MIN
7	o BIRTHPLACE (State or foreign country) Maryland	7b. CITIZEN OF WHAT COUNTRY? United States	8. MARRIED NEVER MARRIED W	9. COUNTY OF DEATH Montgomery	Md.
, 1	O. CITY OR TOWN OF DEATH Olney	II NAME OF HOSPITAL OR I give street address) Montgomery	NSTITUTION (If not in hospitol   12a U   during	SUAL OCCUPATION (Kind of work dane mast of working life, even it retired.	
1	I3a USUAL RESIDENCE (Where diadmission) STATE Md	eceased lived, if institution: Residence before 13b COUNTY Montgoman	B TESC CITY OR TOWN 13d. NSIDE CI	NO # 130 STREET AND NUMBER 5904 Muncast	er Mill Rd
Ī	14. FATHER'S NAME First Milf	Middle Lost ord Seal	IS. MOTHER'S MAIDEN NAM	First Moddle Ruthic Estel	le Parks
Ī	Yes, no or unknown) (If yes	. ARMED FORCES? If give war at dates at service)  None	YNO. 17. INFORMANT Hospital	Records	
	Canditions, if any, which grise to immediate cause stating the underlying callst	(a), (D)	f yeura /u	DR CONDITION GIVEN IN PART 1(0)	26,
	19a. DATE OF OPERATION  19a. ACCIDENT WAS UNDER	19b. CONDITION FOR WHICH OPERATION WAS	YES 🔯 NO	CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	G CAUSE OF CHILDREN CONTRIBUTING CAUSE OF CHILDREN CONTRIBUTING CAUSE OF CHILDREN CONTRIBUTION C	PER HOUR A.M Manth Day Year (Aminer) P.M.		nter nature of injury in Part 1 or Part 2  Na. City or Town	Caunty State
	amiri Alia dagana	(this haspital) attended the deceded alive an bave, (1) ( ) (dil) ( ) view th	102 and the field multiple	pinian death accurred an the	19 , that (1) (2) last date and have and fram the
	22b. SIGNATURE  22d. PHYSICIAN S NAME (Type) Ch	arles H.Ligon M.D.	DEGREE PHYS  22e. ADDRESS	MED STAFF DIRECTOR PHYS D	A Z 69
I	23a BUR AL CREMATION, BRANCYAL (Tpecify)	23b. DATE	CEMETERY OR CREMATORY FARM	23d. LOCATION (City or Town)  Etchison Mon	
	24 FUNERAL BIRECTOR Frai	H. Barber ADDRE	onsville Md. DATEAR	D BY REGISTRAR 25b. REGISTRAN	R'S SIGNATURE

5.-

T+46174.

e.T.

· Šta

.Jr 108.19t

- 1/L			DUNCTON OF WITH DECORDE	NO STATE DEPARTMENT OF	REALIN	45 mm
7/		05733		, 301 W. PRESTON STREET, BA		05733
				CERTIFICATE OF DEATH	1	
		CEASED NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	f.	KIC	HARD A.	JEBASTIAN S	Month 30	Ys Year 5 15M
ſ	3 SE	Х , ,	4. RACE	S DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS
ı		Male	WHITE	3-4-10	897   last birthday) YRS.	MONTHS DAYS HOURS MIN
Ì	7a 8	IRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	7 23
ı	caun	TILI	V. J.A.	WIDOWED DIVORCED	MONTGOME	RV Md.
t	0. €	TY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR II		SUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
l	6	11- Ver Spei	g ve street address)		mast of warking life, even if retired }	INDUSTRY
ſ			sed fived, if institution. Residence before			
ľ	OKEFFY J:	STATE MR.	136 COUNTY NIGOMERY	1 Bethesda W	NO 5912/WI	IMEN ROAD
ľ	14 F	ATHER'S NAME First	Middle 1 Last	15 MOTHER'S MA DEN NAMI	E First M. ddle	Last
l		ERIC	A. Scherous	BH Normal		ChANDLER.
ſ		WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b SOCIAL SECURITY	NO 17 INFORMANT	Address &	SILVER SPRING
L	- 11	es, na, or unknawn) (If yes give v	443-14-	3804A CHEVY	Chase N/50.40	ONV Center
		18 CAUSE OF DEATH (Enter on	ly one cause per line for (a), (b), and (c	1)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l		PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and (c D BY: ATE (AUSE (a)	no decument	Day a	SCHREET ONST AND DEATH
l		\$ .	DUE TO, QR.AS A CONSEQUENCE OF			A A A A A A A A A A A A A A A A A A A
l		Conditions, if any, which gove		1 10 1	Marc 4000 ostas D	India X
ı	- 1	rise to immediate couse (a) ( stating the underlying cause (	DUE TO, OR AS A CONSEQUENCE OF		**************************************	10
ı		tast	10 Cacuon			year
ı		PART 2 OTHER SIGNIFICANT COI		NOT RELATED TO THE TERMINAL DISEASE O	DRECONDITION GIVEN IN PART 1(a)	
I			1.	THE PERSON OF TH		
ı	OŢ.	190 DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS P	ERFORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
I	CERTIFICATION	none		YES NO	Frances de Deatha & @	O Z
	E	21a ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY		Internature of injury in Part 1 or Part 2	Item 18 1
	₹	OR CONTRIBUTING CAUSE OF DEAT	TH HOUR A.M Month Day Year		and the second of the second of the second of	non 10 j
	WED	(If either, natify medical examination of the control of the contr		ACTORY.) 21f LOCATION Street or R.F.D.	No City or Tawn	County State
		While   Not white	PLACE OF INJURY ( AT NOME FARM, STREET, FO	2/1 LOOKHOIT SIERRI OF K.P.U.	no city of Town	cooney Store
		I WOLK OLWOLK	is hasnital) sattanded the decree	and fears 16/ / 10	104/2 59 19	that (D. C. A.C.)
		saw the deceased a	is hospital) attended the deceas	19 and that in (my) (our) o	pinion degra occurred on the de	, that (I) (we) last
		chuses stated above	(i) (we) (did) (did not) view the	bady after death.	-prinon occurred on the or	ore and noor ond reour file
		226 SIGNATURE	11.	A ATTENDING -	220.	DATE SIG
		Mall	1 Um With	DEGREE PHYS	MED STAFF DIRECTOR PHYS DA	28,691
		22d. PHYSICIAN'S	11:00	22e, ADDRESS	2 0 111	12/0
		NAME (Type)	11140171 Ardi	111111	Lountive Wash	ing In D
ĺ	23o	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
1	re	emation 5	-1-69 Ceda:	r Hill Cremator	y Suitland, Pr.	Geo. Md.
		UNERAL DIRECTOR	7557 APPRIS	sconsin Ave 250 RECO		
	R	OBERT A. PUM	PHREY, Bethesd	a, Paryland MAY	5 1969 Juna	(B) House Sales



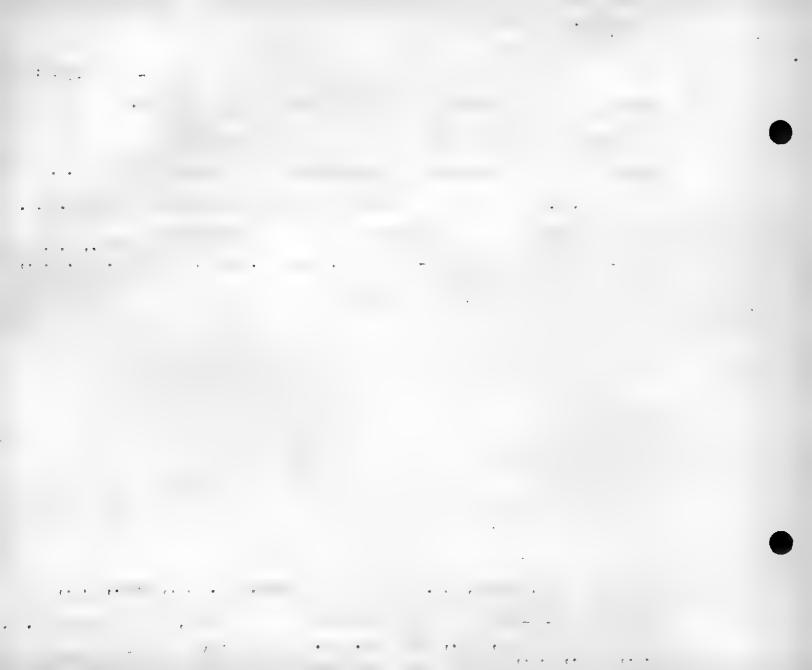
1	E			D STATE DEPARTMENT	OF HEALTH BALTIMORE, MARYLAND 21201	
		05739	· ·	CERTIFICATE OF DEA	•	05734
ir deoth.		CEASED NAME First ype or print) Georg		Lost Serabian S DATE OF BIRTH	20. DATE OF DEATH  April 3  6 AGE (In years	2b. HOUR P 1 25 M 15 UNDER 24 HRS
after the state of		Male	White	12 March	1921 lost burnhdoy) yrs.	MONTHS DAYS HOURS MIN.
d in by	70 cour	BIRTHPLACE (Stote or foreign Tirry) New York	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED A NEVER MARRIEO NIDOWED OIVORCED	Montg mery	Md.
within 2 ely fille ban pa çwithin		Bethesda		nical Center   du	o. USUAL OCCUPATION (Kind of work done irring most of working life, even if retired.) Attorney	125. KIND OF BUSINESS OR INOUSTRY
cuted v omplete	13o. odm	USUAL RESIDENCE (Where deceosision) STATE Maryland	sed lived, if institution: Residence before	Chevy Chase YES	13e. STREET AND NUMBER  NO 9216 Jones A	Mill Road
exe conditions and conditions and conditions and conditions and conditions are conditions and conditions are conditional conditions.		ATHER'S NAME First	Middle Lost	15. MOTHER'S MAIDEN I		Lost
cian o	160	John Was deceased ever in U.S. Arm	Serabia MED FORCES?   16b. SOCIAL SECURITY		Elise Medical RecordsAddress	Boyajian
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		es, no, or unknown) (If yes give v YES WW	var or dates of service) 128-01-86	627_3The Clinica	1 Center, NIH, Bethe	esda, Md. 20014
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death etoined by the hospital or attending physician.  CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral should be detached for use as the burial-transit permit. Then please remove corban papers, Pages I and Swith the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		PART 1. DEATH WAS CAUSE IMMEDIA Conditions, if ony, which gove rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF	ma.		APPROXIMATE INTERVAL BETWEEN ONST AND OCATH I Year
OR ATTENDING PHYSICIAN: The law requires the be retoined by the hospital or attending physician. DIRECTOR: After this certificate hos been signed by sea should be detached for use as the burial-tronged with the State Dept. of Health prior to burial, created with the State Dept.	_	stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT CO.	(c) NDITIONS <u>CONTRIBUTING TO DEATH</u> BUT N		ASE ORCONDITION GIVEN IN PART I(o)	
The law rattendir to the special to	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES TO	NO     20b. IF YES, WERE FINDINGS OF CAUSES OF DEATH? Ye	S
SICIAN: spital or artificate ed for u	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA' [If either, notify medical exami	TH HOUR A.M. Month Doy Yeor iner) P.M.	9	Enter noture of injury in Port 1 or Port 2,	
G PHY: the host this ce detache te Dept	≥	of work of work	PLACE OF INJURY (AT HOME, FARM, STREET FA OFFICE BUILDING, ETC.			County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Poge 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detacted for use as the should be filed with the State Dept. of Health prior to		causes stated abav	nis haspital) attended the deceas nive an <u>3 April</u> e, (f) (wg) (djd) (didhot) view the	ed from <u>If March</u> 19 <u>69</u> , and that in (MY) (au bady after death.	, 19 <u>69</u> , ta <u>3 April.</u> , 19 ur) apinian death accurred an the do	
OR OR dw		22d. PHYSICIAN'S	and Jayces w	DEGREE ATTENDING DEGREE PHYS 22e, AODRESS		OATE SIGNEO April 1969 National
OSPITA 4 mo NERAI Itor, p		NAME (Type) Sher	rard L. Hayes, M.	D. Institu	ites of Health, Bethe	esda, Md. 20014
TO HOSPITAL (Poge moy both moy		REMOVAL (Specify)	/7/69 Gate	cemetery or crematory of Heaven Cemet	23d. LOCATION (City or Town) tery Silver Spring	(County) (Stote)  Maryland
90M REV 108	Jo.	seph Gawler's	Sons, Washington, D	h.C. N.W. DATE	RECEIVE REGISTRAR BOB 25b. RECEIVER S	res Judge

.70

1 DECEASED NAME (Type or print)  Od / Ce  Shaw.  S. DATE OF DEATH  Month Day Year  S. DATE OF BIRTH  OF AGE (In / BOTS   15 JHDER ) YEA  OST   OST   OST   OST   OST   OST    OST   OST   OST   OST    OST   OST   OST   OST    OST   OST   OST    OST   OST   OST    OST   OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST   OST    OST    OST   OST    OS	R 1F JUNDER 24 HRS. YS HOURS MIN  Md  OF BUSINESS OR
DECEMBER MAME	26. HOUR 2330M R 1F UNDER 24 HRS. YS HOURS MIN  Md  OF BUSINESS OR
The part of the pa	R 15 JNDER 24 HRS. YS HOURS MIH  Md  OF BUSINESS OR
3 SEX  4. RACE  CAUC.  S. DATE OF BIRTH  6 AGE (In /Bors   15 UNDER 1 VE)  TO DEPTHOLOGY (SAME) OF WHAT COUNTY IN A COUNTY IN	R 1F JUNDER 24 HRS. YS HOURS MIN  Md  OF BUSINESS OR
FEMALE CAUC. 7-18-84 lost bir, You! YRS MONTHS DA	Md OF BUSINESS OR
To ADDITION AS A STATE OF THE S	Md OF BUSINESS OR
70. BIRTHPLACE (State or foreign To CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH  COUNTRY) MICCOURT 10. S. A. WIDOWED 10. DIVIDICED 10. ON OF THE STATE	OF BUSINESS OR
COUNTRY MISSOUR U.S.A. WIDOWED DIVORCED MONTGOMERY  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b Kind)	OF BUSINESS OR
TO CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work done during most of working ife, even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working ife, even if retired.)  130 USUAL RESIDENCE (Where deceased lived if institution Residence before during most of working if even if retired.)	
130 USUAL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 3d INSIDE CITY LIM TS? 13e STREET AND NUMBER	
Section of the part of the p	INE ST.
14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
HENRY KAUFMAN ANN O.	NKNOWN)
16. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. WAS DECEASED EVER	F. D.a.
Tes, no, or unknown)  Tes, no, or unknown  Tes, no, or unknown)  Tes, no, or unknown  Tes, no,	NE STINU
18 CAUSE OF DEATH (Enter on y one couse per line for (o), (b), and (c))  PART 1. DEATH WAS CAUSED BY.  PART 1. DEATH WAS CAUSED BY.	N ONSET AND DEATH
PART 1. DEATH WAS CAUSED BY.  MMMEDIATE CAUSE (a) MYOCARDIAL INFARCT, ACUTE 8	WEEKS.
DUE TO, OR AS A CONSEQUENCE OF ARTERY Conditions, if any, which gove)  (b) CORONARY THROTTESSIS	
Conditions, if any, which gove is to immediate couse (a), (b) CORONARY THROWN BOSIS	
## S A CONSEQUENCE OF	
(c) CORONARY ARTERY ATHEROSCLEROSIS	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTR.BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
DIABETES MELLITUS, CONGESTIVE HEART FAILURE	
190. DATE OF OPERATION 19b. COND TION FOR WHICH OPERATION WAS PERFORMED 20c. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN	CERTIFYING
PES DE SE	
2 5 8 2 8 2 10. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part ) or Part 2, Item 18)	
216. ACCIDENT WAS UNDERLYING 216. CONTRIBUTING CAME OF DEATH Ulf either, notify inedical examiner)  P.M. Month Por About P.M. Month P.M. Month Por About P.M. Month Por About P.M. Month Por About P.M	
21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town County	State
While work of	
22a I certify that (1) (this hospital) attended the deceased from JANUARY, 1969, to 174PR, 1969, th	at (I) <del>(we)</del> last
If either, notify fiedral examiner)  P.M  21d INJURY OCCURRED  21e PLACE OF INJURY (AT HOME FARM, STREET FACTORY)  21f. LOCATION Street or R FD. No. City or Town  County  While hot work of the deceased from 19 4, and that in (my) (our) opinion death accurred an the date and how  causes stated above, (I) (we) (did) (did not) view the bady after death  22b. SIGNATURE  22c. DATE SIGNED  22c. DATE SIGNED  DEGREE PHYS  DEGREE PHYS  DIRECTOR  DIRECTOR  PHYS  27c. DATE SIGNED	ir and fram the
Table 3 signature 22c. Date signed	
DEGREE PHYS DIRECTOR DIRECTOR PHYS DIRECTOR PHYS DIPLOCATION DIRECTOR DIREC	1269
22d. PHYSICIAN'S 22e ADDRESS	
Stating the underlying course (c) CORSOURNE OF ARTHUR DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION WAS PERFORMED  PART 2 OTHER SIGNIFICANT CONTRIBUTION FOR THE TERMINAL DISEASE OR CONDITIONS CONTRIBUTION FOR THE TERMINAL DISEASE OR C	e SPRING
230 BURIAL (REMATION, REMOVAL (Specify) 4-21-1969 Cedar Hill Crematory Suitland, Prince George	es Co. Md
F F ( ) CREMITED TO THE PROPERTY OF THE PROPER	CO OO BO
24. FUNERAL DIRECTOR  JOSEPH GAWLER'S SON, INC.  ADDRESS  250 REGISTRAR 256 REGISTRAR 256 NATURE  ADD 2 4000 (Figure 1987)	4.0
JOSEPH GAWLER'S SON, INC.  DATE APR 2 3 1969. Victorial of the state o	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05741 05736 CERTIFICATE OF DEATH DECEASED NAME First Lost 20. DATE OF DEATH death certificate be executed within 24 haurs after death. 2b. HOUR (Type or print) PEARL SHRADER 10: 30A. 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years ettending physicion and completely filled in by the permit. Then please remove corban papers. Pages aucasian 4-10-1882 MORTHS Female bon papers. Pog, within 72 hours 70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED KCK 9 COUNTY OF DEATH Country) Illineis United States Montgomery WIDOWED [ DIVORCED [7] 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Laive street address)
Randolph Hills Nursing Home during most of working life, even if refired) Wheaton bunol, cremation, or removol, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 113c, CITY OR TOWN 13d. INSIDE CITY EMITS? 13e. STREET AND NUMBER odmission) STATE 136. COUNTY YES XX Mashington 653 East Capitol St. S.E. 14 FATHER'S NAME First IS MOTHER'S MAIDEN NAME FIRST Lost Peter Susan Hartman Shrader Address Wash. D.C. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Yes no or Enknown) Mrs. Jessie E. Smith, 5410 Conn. Ave. N.W.. 579-60-4683 APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per one for (o), (b) and (c) )
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH signed by the attendar IMMEDIATE CAUSE (o) Conditions, if any, which gove ) rise to immediate couse (a), Page 4 moy be retained by the haspital or attending physicion. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use os the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO S 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 2)c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M Month Day Year (if either, natify medical examiner) 21d INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, SARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from Oct , 1962, to up 15, 1969, that (I) (we) last sow the deceased alive on Cycle 15 1969, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did nat) view the body after death. 226. SIGNATURE 22c DATE SIGNED ATTENDING PHYS MED DIRECTOR 4-15-69 PHYS. 22d. PHYSICIAN'S 22e, ADDRESS NAME (Type) Louis H. Shuman, M.D. 1635 Mass. Ave. N.W., Wawh., D.C., 23p BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stole) 4-18-1969 Suitland. Prince Georges Co.Md. Cedar Hill Cemetery Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. 2So. REC'D BY REGISTRAR 2Sb REGISTRAR'S SIGNATURE APR 1 8 1969 Ochonia Cudge N. W. Wash D.C. 20016



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05737 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 20 DATE KNOWN 1 DECEASED-NAME First Middle Last (Type or Print) SILVERMAN ESTI-HARRY OF Page DEATH MATED 60 IF UNDER 24 HRS. 4. RACE 6. AGE (In years IF UNDER I YEAR DATE PRONOUNCED DEAD 3 SEX **5 DATE OF BIRTH** puo 76 YRS HOURS PM3 Month Doy 12/13/92 WH 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH Office alang with form (Guntry) MONTGOMERY Widowed X DIVORCED [ Give Pages with the State 10 CITY OR TOWN OF DEATH IN C 11 NAME OF HOSPITA, OR INSTITUTION (If not in haspital 12c. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR ng most of working life, even it retired.) INDUSTRY give street address) CROSS Md death. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 135-pCITY OR TOWN 138 STREET AND NUMBER admission) STATE 13b. COUNTY 24 hours and2 tem otter 14. FATHER S NAME Middle IS MOTHER'S MAIDEN NAME First pages haurs OMOD C the certificate, writing the ward "pending" in Mencil ! \$ shauld be farwarded to the Chief Medical Examinp? 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 166 SOCIAL SECURITY NO ADDRESSC /YES be executed within (Yes\_na, ar unknown) ( ) yes give war or dates of service) SINEMAN File APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per lyre for BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY pending IMMCDIATE CAUSE (a) event DUE TO, OR AS A CONSCOUENCE OF burial-transit Canditions, if ony, which gave rise ta immediate couse (a). This certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Б 90 CERTIFICATION remayal used 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES pe b 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year NJURY OCCURRED (Enter nature of injury in Part Ler Part 2, Item, 18. plnous PRIMARY TO OR CONTRIBUTING 1969 3 **EXAMINER:** crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street 21f. LOCATION Street or R F D No. City or Tawn State factory of ce building, etc.] NOT WHILE Page please execute 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection and in my apin an director. death resulted from: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b DATE SIGNED FUNERAL the funeral SIGNATURE O DEPUT **EXAMINER'S** may Health ADDRYSH Street cuty Loving or county) NAME (Type) REAP. MD. BELDEN 0 BURIAL, CREMATION 23b 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) FUNERAL DIRECTOR 2Sa REC D BY REGISTRAR 2Sb VR A15ME (5) 10M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 05743 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05738 **IOR STATE** MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED-NAME First Middle Last 20 DATE KNOWN Manth 2b HOUR (Type or Print) ESTI-OF 25.69 April DEATH MATED 30 IF UNDER 1 YEAR S DATE OF BIRTH IF LINDER 24 HRS 4. RACE 6. AGE fin years 2c DATE PRONOUNCED DEAD 3 SEX 2d HOUR March 10.00 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED MINEYER MARRIED 9 COUNTY OF DEATH 18. Give Pages 1, atlant and with form country) Mass. Montgomery U.S.A. WIDOWED [ DIVORCED [ the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a JSUAL OCCUPATION (Kind of work done 112b KIND OF BUSINESS OR dung mast plyrark ng lite even ilvet red; houstry Ret. Chemist - you t Print give street address) Takona Pork. 13a USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER adm ssian) STATE No 1 136 COUNTY ont. S.S. YES NO 513 Margaret Drive haurs and 2 after 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Charles Simmons Annie Perkins haurs .⊆ pages the Chief Medical Examiner 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil be executed within (Yes, no or unknown) Mrs. Mary Simmons ----Wife Ø APPROXIMATE INTERVA within 18. CAUSE OF DEATH (Enter only one couse per lipe for BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a). This certificate should writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause . = shauld be forwarded ta PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g) 0 SD removal, CERTIFICATION nsed 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate. YES 🗔 21g EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21e. PLACE OF INJURY (At hame, form, street 21d INJURY OCCURRED 21f LOCATION Street or R.F.D. No. City or Town Caunty State factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE MOT WHILE AT WORK 22a. I certify that Took charge of the remains described abave, held an Autapsy Inspection Inquiry \ and in my opinion death resulted from Natural causes Accident D Suicide Homicide Undetermined manner ACTUAL the funeral **SIGNATURE** 5 may 10 FUNE Health **EXAMINER'S** NAME (Type) Lellen R. Reas, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City 23a BURIAL CREMATION (State) REMOVAL (Spec fy) Fort Lincoln Crematory Bladensbura. remation 25a REC D BY REGISTRAR 8434 Merzaia Avenue 25b REĞISTRAR S SIGNATURE 24 FUNERAL DIRECTO Melerulas Judge 1969 VR A15ME 15 Silver Spring. Md. Inc.



DISTAGE DIVISION OF VITAL RECORDS, 301 W. PERSION STREET, BATHMORE, MARYLAND 21201  OF 73 9  CERTIFICATE OF DEATH  The DATE of PARTYLAND 21201  The DATE of PARTY		_	MAKILAND STATE DEPARTMENT OF HEALTH	
LOCICAGIO MANE (Type or profit)	2	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0
1. DECRADO ANAME TO THE THE Node of Foreign (A BAC) 1 STATE OF THE THE STATE OF THE	District of the last of the la	The second secon	US 744 CERTIFICATE OF DEATH	I
The property of the property o		4 24	DECEASED NAME	HOUD
The property of the property o		aral ma eat	(Type or prof)	
The property of the property o		2 2	CTV	
DO CAY OR COME OF BASH  IS MAKE OF HOSPITAL OR INSTITUTION (Interty hospital)  IN MAKE OF HOSPITAL OR INSTITUTION (INTOR HOSPITAL OR INTERTY HOSPITAL O		# ( a 14 )	12 DATE OF BIKTH TO AGE THE ABOUT I FOUNDER LIVE AND IN THE OF BIKTH TO WAS THE ABOUT I FOUNDER LIVE AND IN THE OFFICE A	
DO CAY OR COME OF BASH  IS MAKE OF HOSPITAL OR INSTITUTION (Interty hospital)  IN MAKE OF HOSPITAL OR INSTITUTION (INTOR HOSPITAL OR INTERTY HOSPITAL O		SE (FIRE SE)		1 ""
DO CAY OR COME OF BASH  IS MAKE OF HOSPITAL OR INSTITUTION (Interty hospital)  IN MAKE OF HOSPITAL OR INSTITUTION (INTOR HOSPITAL OR INTERTY HOSPITAL O		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	O. BIRTHPLACE (State of foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
DO CAY OR COME OF BASH  IS MAKE OF HOSPITAL OR INSTITUTION (Interty hospital)  IN MAKE OF HOSPITAL OR INSTITUTION (INTOR HOSPITAL OR INTERTY HOSPITAL O		24 in direction of the poer 72	Virginia U.S.A. WIDOWED DIVORCED Nontarmens	Mrs
Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only		ni en		S OR
Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only		重 表表 (	give sneet appress) of the first and the first are grant at working life, even if retired   INDUSTRY	
Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only		- age	30. USUA. RESIDENCE (Where deceased lived, funstitution, Residence belofe   13c (ITY OR TOWN   13d INSIDE (ITY, MISS)   13e STREET AND NIMBER	
Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only		at disease //	dimission) STATE Mary land 136 COUNTY Clar Folia YES NO 20 Welles lex Circles	_
Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only		S PE	4 FATHER'S NAME PAST Middle Inct S MOTHER'S MAINTENANT FIRST	
Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo WAS DEERSED FREE IN U.S. ARMED FORCES   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only one couse per ling to (g), (e), and (s)   Ibo CALLS FOR DEATH (First only		8 2 E	1 there is a second of the sec	
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		a E 8 E	HAS DEGREE THE DEGREE THE PARTY OF THE PARTY	e h
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		ysic ple II, a	Yes no grunknown) [If yes give wor or dales of service]	TonK
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		ph en ovo		Md.
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		T E	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  PART I DEATH WAS CAUSED BY  BETWEEN OWSET AND C	VAL DEATH
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		end end ar	IMMEDIATE CAUSE (0) Werry your your susself years	)
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		att an,		
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		t the sit is	Conditions, if any, which gave)	u
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		hha by can ren		
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		ed led l		
POLY COURSE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF OPERATION 216 CAUSES OF DEATH?  YES NO COURSE OF DEATH?  YE AND THE SUBJECT OF TOWN OF THE TIME OF INJURY OCCURRED OF THE TIME OF INJURY		driving of the control of the contro	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a)	
210 ACCIDENT WAS UNDERLYING  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1211 POR COMPRED.  1212 PARCE OF INJURY  1213 PARCE OF INJURY  1214 POR A.M. Month Day Yeor  P.M. 1219  1214 POR A.M. Month Day Yeor  P.M. 1219  1214 POR COMPRED.  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 PARCE OF INJURY  1219 PARCE OF INJURY  1219 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1212 PARCE OF INJURY  1214 POR COMPRED.  1215 PARCE OF INJURY  1216 POR COMPRED.  1216 PARCE OF INJURY  1216 POR COMPRED.  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 POR COMPRED.  1219 PARCE OF INJURY  1219 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1216 POR COMPRED.  1210 PARCE OF INJURY  1216 POR COMPRED.  1210 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 PARCE OF INJURY  1218 PARCE OF INJURY  1220 PARCE OF INJU		re in s in s in s		
210 ACCIDENT WAS UNDERLYING  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1211 POR COMPRED.  1212 PARCE OF INJURY  1213 PARCE OF INJURY  1214 POR A.M. Month Day Yeor  P.M. 1219  1214 POR A.M. Month Day Yeor  P.M. 1219  1214 POR COMPRED.  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 PARCE OF INJURY  1219 PARCE OF INJURY  1219 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1212 PARCE OF INJURY  1214 POR COMPRED.  1215 PARCE OF INJURY  1216 POR COMPRED.  1216 PARCE OF INJURY  1216 POR COMPRED.  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 POR COMPRED.  1219 PARCE OF INJURY  1219 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1216 POR COMPRED.  1210 PARCE OF INJURY  1216 POR COMPRED.  1210 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 PARCE OF INJURY  1218 PARCE OF INJURY  1220 PARCE OF INJU		ndir ndir bee	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2	
210 ACCIDENT WAS UNDERLYING  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1211 POR COMPRED.  1212 PARCE OF INJURY  1213 PARCE OF INJURY  1214 POR A.M. Month Day Yeor  P.M. 1219  1214 POR A.M. Month Day Yeor  P.M. 1219  1214 POR COMPRED.  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 PARCE OF INJURY  1219 PARCE OF INJURY  1219 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1210 PARCE OF INJURY  1211 POR COMPRED.  1212 PARCE OF INJURY  1214 POR COMPRED.  1215 PARCE OF INJURY  1216 POR COMPRED.  1216 PARCE OF INJURY  1216 POR COMPRED.  1216 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 POR COMPRED.  1219 PARCE OF INJURY  1219 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1210 PARCE OF INJURY  1216 POR COMPRED.  1210 PARCE OF INJURY  1216 POR COMPRED.  1210 PARCE OF INJURY  1216 PARCE OF INJURY  1217 PARCE OF INJURY  1218 PARCE OF INJURY  1218 PARCE OF INJURY  1220 PARCE OF INJU		he out of the out of t	VECET NO PER CAUSES OF DEATH?	3
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		or o	TIO ACCIDENT WAS INDERLYING THE OF INCHES	
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		Figure 1		
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		SIC spit	(If either, notify medical examiner) P.M. 19	
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		ho ho ho ho ho ho ho ho		tale
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		# # # # # # # # # # # # # # # # # # #		
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		Star Star Star Star Star Star Star Star	22a   certify that (1) (this hospital) attended the deceased from [1, 19], ta 7 8, 190 [, that (1) (will be a second from [1, 19]).	e) last
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		ENIE Ped		m the
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		T in D in the	AD- CONTROL	
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		REC 3 S	ATTENDING TO MED STAFF	
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		Page Page /	7 5 5 6 7 5 7 5 7 5 7 5 7 7 7 7 7 7 7 7	
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		May Page 1	NAME (Type) C & KVLA (()) Williams (A) (A) (A) (A)	7
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		NEF Trans	The state of the s	
VR A15 14)  24. FUNERAL DIRECTOR / CO. 5 - 70 23 ADDRESS Wash. 22 250 RECD BY REG STRAR SIGNAL RE-		HC FU	30 KUMAK, (REMATION, 236 DATE CO. 236 NAME OF CEMETERY	7
VR A15 14) S LI 11 1869		2 2 2 5	Va.	
		VR A15 (4)	ADDRESS WAS INVESTED BY REG STRAP 256 PECD BY REG STRAP 256 PECD BY REG STRAP 266 PECD B	
		45M 1,769	S.T. HINESCO. Funeral Home 290/-14 St MAN 11 1000 F	
			20 1 11 11 CO CO. PUNERAL MOME LIVER ST WAY	



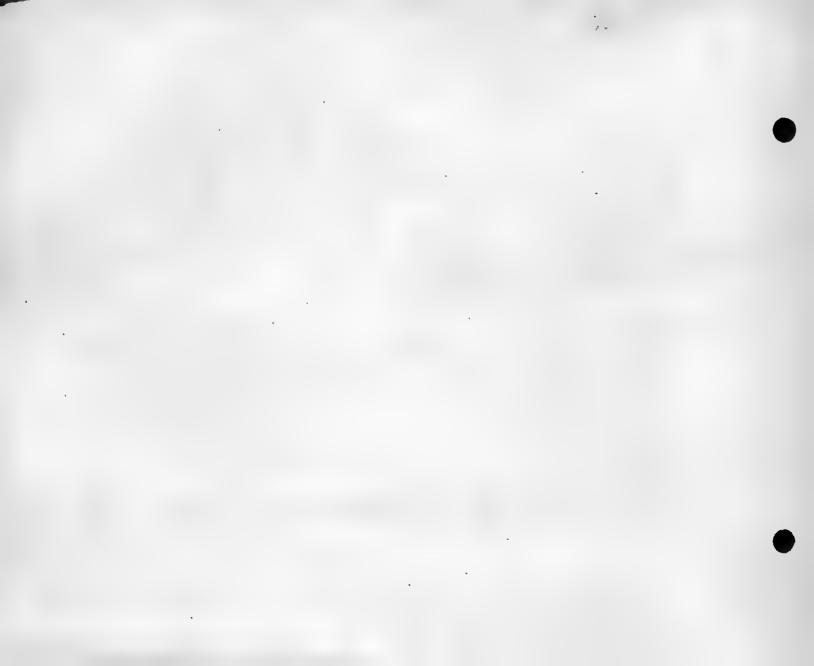
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05745 05740 CERTIFICATE OF DEATH the funeral Rages 1 and 2 in after death. DECEASED-NAME Lost 20 DATE OF DEATH 2b. HOUR TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death (Type or print) Federico SINLAO Paragas April 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) 18 August 1927 Malaysian Male YRS 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 7g. BIRTHPLACE (State or foreign B. MARRIED 39 NEVER MARRIED TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and applietely filled in tailoring and an applied in the director, page 3 should be detached for use as the burial-transit permit. Then please temave carbon pages should be filed with the State Dept. of Health priar to burial, cremation, ar remaval, and in any event, within 72 bg. Philippine Islands Philippines WIDOWED [7] DIVORCED [ Montgomery 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 125. KIND OF BUSINESS OR during most of working life, even if retired.)

Philippine Navy

INSIDE CITY LIMITS? 136 STREET AND NUMBER give street address) Naval Hospital Bethesda 130. LSUAL RESIDENCE (Where deceased lived if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM TS? admissian) STATEP. I. 191 Ermin Garcia, Cubao 13b. COUNTY Quezon City YES NO 🗔 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Lost Donato Sinlao Paula Paragas 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY, NO. 17 INFORMANT Yes, no at unknown) Navy Records 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
Hepatoma W BETWEEN ONSET AND DEATH Hepatoma with bile peritonitis DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the hospital or attending physician. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Status postoperative laporotomy 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO [ 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 23a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State While Nat while T 220. I certify that (1) (this haspital) attended the deceased from March 15, 19, 69, to April 17, 19, 69, that (1) (we) lost saw the deceased alive an April 17, 1969, and that in (1991) (our) apinian death accurred an the date and hour and from the causes stated above, (1) (we) (did) (aid not) view the bady after death. 22c. DATE SIGNED STAFF April 17, 1969 DEGREE DIRECTOR 22e. ADDRESS 22d. PHYSICIAN'S L. Colgan, M. D. Naval Hospital, Bethesda, Md. 23d. LOCATION (City ar Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL CREMATION Philippine Island Layola Memorial Park Manilla Co. ADDRESS Washington, D. C. 2So REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 1400 Chapin Street, N.W., Michaelly Jacobse 30M REV 1/68

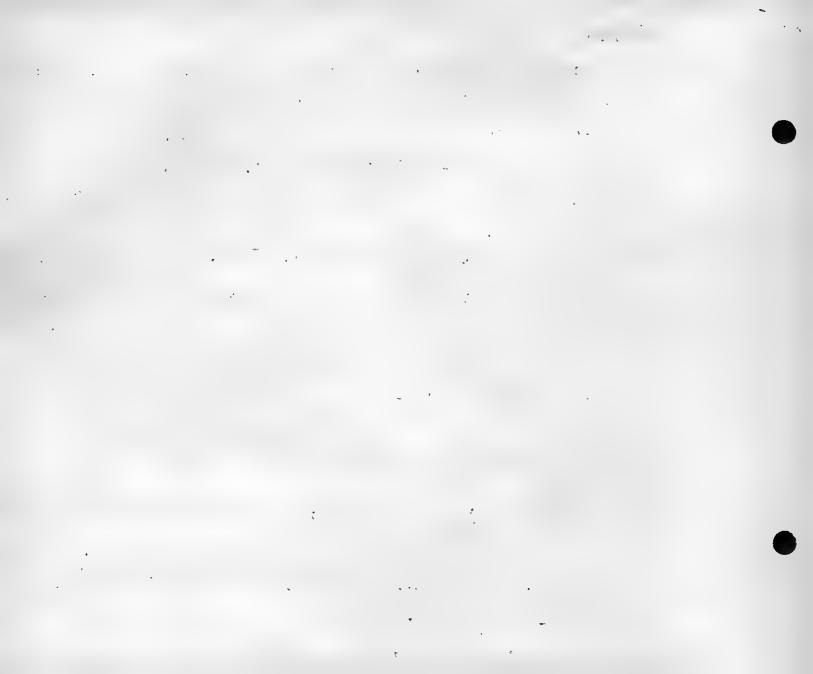


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05746 05741 CERTIFICATE OF DEATH 1 DECEASED-NAME First M. ddle Lost 20. DATE OF DEATH (Type or print) DUET 24 hours ofter kidar and completely filled in by the fullease remove carbon papers. Pages 19 and in any event, within 72 haurs after 3 SEX 4 RACE S DATE OF BIRTH IF UNDER YEAR 6. AGE (In years IF UNDER 24 HRS last birthday) DAYS HOURS 9-1-03 temale YRS 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9. COUNTY OF DEATH country) WIDOWED [ DIVORCED [ Georgia Montgomer 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital executed within 120 USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street aldress) during mast of warking life, even if retired ) Takoma Washington In Harium 13d INS OF CITY EMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CTY OR FOWN 13e STREET AND NUMBER 13b. COUNTY admission) STATE \_\_ Washington De YES 6806 14. FATHER'S NAME First Middle Last S MOTHER'S MAIDEN NAME First M.ddle Lost Pe Slover Lille John please Hemmie physician ficute 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) I I fiyes give war or dates of service) prior to burial, cremotion, or remavol, attending phys Sanitarium APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (a) signed by the burial-transit p Conditions, if any, which gave ) rise to immediate cause (a) DUE TO, OR AS A CONSPOUENCE OF stoling the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) has been as the 190 DATE OF OPERATION 196 COSBITION FOR WHICH OPERATION WAS PERFORMED 206 F YES, WERE MIDINGS CONSIDERED IN CERTIFYING 20a AUTOPSY? CAUSES OF DEATH? use 10 FUNERAL DIRECTOR: After this certificate had director, page 3 shauld be detached for use should be filed with the Stote Dept of Health YES [ 21a ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18) OR CONTR BUTING CAUSE OF CEATH HOUR AM Month Day Year (If either, notify medical examiner) P.M 21d JALJRY OCCURRED (AT HOME FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Not while at work ATTENDING 22a I certify that (1) (this haspital) ettended the deceased from Libra 34 saw the deceased alive an Car. 22 19 67, and that in (my) (our) apinion death accurred on the date and haur and from the Page 4 may be retoined causes stated above, (1) (we) (did) (did nat) view the body after death. 22c DATE SIGNED PHYS DIRECTOR PHYSICIAN S 22e ADDRESS NAME (Type 23a BUR AL CREMATION /23d (County) (State) VR A15 (4) 45M 1/69









, 1	MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	05750 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  MEDICAL EXAMINER'S CERTIFICATE OF DEATH  05745
HEALTH DEPT:	I. DECEASED NAME First Middle Lost 2a DATE KNOWN Manth Day Year 2b HOUR (Type or Print) IMARRY CHARLES S. L. SHOTT DEATH MATED 7 -2' - 19 3: -7
y delay is ond 3 to PM3. Page arringing	3 SEX 4. RACE S DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 14 UNDER 24 U
F 69	70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9. COUNTY OF DEATH   10nt_omery   Note that   10nt_om
after death 8. Give Pages along with for with the State	Talona Park  II NAME OF HOSPITAL OR INSTITUTION (if not in hospital  Talona Park  II NAME OF HOSPITAL OR INSTITUTION (if not in hospital  Give street oddress). Jach. Jan. & Hospital  Jeruice Dept. 126 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 127 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  HOUSIRY  Wash. Jan. & Hospital  Jeruice Dept. 128 KIND OF BUSINESS OR  Jeruice Dept. 128
rs after 18. Giv e alang 12 with	130 USUAL RESIDENCE (Where deceosed Ived, finstitution Residence before 13c CITY OR TOWN odm ssion) STATE 13d. 13b COUNTY Mont. 3.5. YES ■ NO □ 9315 Ocala St.
24 hoers in Hem is Office es Land 2	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost Cora Mae Brown
within 24 in pencil in Examinet's. File pages i 72 haurs	160 WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, og. or unknown) (If yos give war or dates of service)  (Yes, og. or unknown) (If yos give war or dates o
This certificate shauld be executed within 24 hours after death cate, writing the ward "pending" in pencil in Item 18. Give Pages 1, be forwarded to the Chief Medical Examiners-Office along with form be used as a burial-transit permit. File pages land 2 with the State De in remayal, and in any event within 72 hours after death	18 CAUSE OF DEATH (Enter only one couse per line on (a) (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMCDIATE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
g the ed to ed to and i	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PCLATED TO THE TERMINAL DISEASE OR COND TION GIVEN IN PART 1(0)
	196. DATE OF OPERATION  196. CONDITION FOR WHICH OPERAT ON IN A CONTINUAL CECTALE 20 AUTOPSY?  WAS PERFORMED?  210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M.  PRIMARY OR CONTRIBUTING HOUR A M.  HOUR A M.
EXAMINER: Tute the certific age 4 shauld by your files. Page 3 shauld b, cremation, at	PRIMARY OR CONTRIBUTING HOUR A M  CAUSE OF DEATH  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, at work At work At work At work 19  21f LOCATION Street or R.F.D. No City or Town County State
please exectly director. Prefamed for the place of the pl	22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection Inquiry and in my apinion death resulted from: Natural causes Accident Surcide, Hamicide, Undetermined manner CHIEF MEDICAL EXAMINER 22b DATE SIGNED
TO DEPUTY necessary, F the funeral 5 may be r TO FUNERAL Heafth price	EXAMINER'S NAME (Type) Indian R. Reap, in Carperson County (State)  230 BURIAL (REMATION REMOVAL (Specify) April 28, 1969 George Washington Cemetery Hyattsville Maryland
VR AT SME (SI	Burial April 28, 1969 George Washington Cemetery Hyattsville, Maryland 24 (Tong Confector arter Carolitz, 8434 Georgia Avenue 250 REC By REG STRAR 250 REGISTRAR'S SIGNATURE  Williams & Durantes 240 Silver Saring Manylandar APR 2 9 1969 Colomba Village



	MARYLAND STATE DEPARTMENT OF HEALTH
N. Markit	05751 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
name of the same o	CERTIFICATE OF DEATH 05746
# 1 5 =	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR.
	(Type or print) DANA ASHTON SPRAQUE Month 4 Doy / Yeor 69 3 = 41
after he bases ges after	3 SEX 4 RACE S DATE OF B.RTH 6 AGE (In years I FUNDER I YEAR I FUNDER 24 HES LOST birthday) MONTHS DAYS HOURS MIN
nours after the Pages Pages haurs after	11/14LE While 6-24-03 65 YRS.
	70 BIRTHPLACE (State or foreign country) 71. CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH  WIDOWED DIVORCED : MONTGO MERY
within 24 tely filled 1. within 72	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (IF not in hospita 120. USUAL OCCUPATION found of work done 126 KIND OF BUSINESS OR
ribor wit	1
e executed withing the completely from completely from remove carbon nany, event, with	13a USUAL RESIDENCE (Where deceased lived if institution. Residence before admission) STATE md. 13b COUNTY mont. 13c CITY OR TOWN 2 13d. INSIDE CITY LIM 157 13a STREET AND NUMBER 3702 MANOR Rd.
any.	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
ote be exercian and college remo	HARRY RALPH SPRAGUE BESSIE - RICH
O S O	160 WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes, na arunknown) ("1 yes give wor or dates at service)  O14-10-22809 V. FERN SPRAGUE - SIAME AS # 13
cert g ph Then mov	
ne deoth cer ottending p permit. The	APPROXIMATE INTERVA.  BETWEEN ONSET AND DEATH  IMMEDIATE CAUSE (a)  APPROXIMATE INTERVA.  BETWEEN ONSET AND DEATH
e de offe on, c	185 X DUE TO, OR AS A CONSEQUENCE OF,
equires that the physician signed by the burial-transit is burial, cremating	rise to immediate cause (a). (b) Kichney for large
tho ian. by fran	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
quires th physician signed by burial-tra	lost. (a) Carimonia of prostate
e low requires that the death certifitending physician.  as been signed by the ortending phy as the burial-transit permit. Then prior ta burial, cremation, or removo	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(G)
The low reathending has been se as the h prior tall	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
20292	E NO
÷ 5 5 7 0 7	210 ACCIDENT/WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Hem 18)  3 OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Mainth Day Year
<b>□</b> # # # # # # # # # # # # # # # # # # #	Lit ether, and ty med call examiner   P.M   19
OR ATTENDING PHYSICIAI be retained by the hospital DIRECTOR: After this certifical el 3 should be detached foi el dith the State Dept. of He	21d INJURY OCCURRED While Naturable at work at work at work
by the free pe control of the contro	22a. I certify that (I) (this hospital) attended the deceased fram
ATTENDING Stained by if TOR: After is Should be d if the State	saw the deceosed alive on
WEE TO THE WEE TO THE	220 S GNATURE
be r be r blike 3 dge 3	22d PHYSICIANS 22e ADDRESS DIRECTOR PHYS 1/1/69
TO HOSPITAL OR ATTENDING PHYS Page 4 may be retained by the host TO FUNERAL DIRECTOR: After this can director, page 3 should be detache should be filed with the State Dept.	CHAME (Type) JOHN B. UNHAU SECS Conn Ave. Chen Chose, Md
HO age FUN FUN haul	23d BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d OCATION (City or Town) (County) (State)
5- 5 <sub>2</sub>	BURNAL 14/3/64 FT LINCOLD CEM. BLADENSSURG, MID.
VR A15 45M	Los. GANLER'S SONS, WASHINGTON, DATE APR 7 1969 Charles Judge
	TO T



_		MAKILAND STATE DEPARTMEN		
	05752 DIVIS	ION OF VITAL RECORDS, 301 W. PRESTON STREET		
		CERTIFICATE OF DE	ATH	05747
deoth. nerol ond 2 deoth.	1. DECEASED-NAME First (Type or print)	Middle Lost	20. DATE OF DEATH DO	2b HOUR
after deoth	edith	B. Stevens	April	5 1969 220 AN
after offer of the	3. SEX 4. RA		6 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
by the fu	- Gemale	Caucasian Dec. 14	last bythday) YRS.	
24 hours did hours 72 hours 72 hours	70 BIRTHPLACE (State or foreign 7b. CITI)	ZEN OF WHAT COUNTRY? 8. MARRIED ## NEVER MARRIED	9. COUNTY OF DEATH	
in 24 lilled in 72 hin 72	Pennsylvania	U.S.A. WIDOWED DIVORCED	- TOTOLIGO MEZLU	Md
語 (集) がます。	10, CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INSTITUTION ( f not in hospital	120 JSUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
raquires that the death certificate be executed within 24 g physician.  signed by the attending physician and completely filled to burial-transit permit. Then please remove corban pape burial, cremation, or removal, and in opy event, within 7.	Silver Spring	give street address) 209 Kimblewick Drive	during most of working life, even if refired)	Own home
pled control	130 USUAL RESIDENCE (Where deceosed lived, odmission) STATE 13b.	if institution Residence before 13c CITY OR TOWN	NSIDE CITY LIM 157 13e STREET AND NUMBER	
	Paryland	Montagnery Dilver Spring	⊞ NO□ 209 Kinblewa	ick Drive
\$ ( E E 9 )	14 FATHER'S NAME First	Middle Lost IS. MOTHER'S MAIDEN		Lost
P S S S S S S S S S S S S S S S S S S S	Clarence H. M.		lattie Strite	M.I
the deoth certificate be execu e attending physician and con permit. Then please remove tion, or removol, and in opy e	160 WAS DECEASED EVER IN U.S. ARMED FORCE Yes, no or unknown)   1 fyes give war or dates a	I amount	Address	ma.
phy en ovol	Yes, no. or unknown) ( fyes give war or dates a	578-09-3601B Mitchell	Stevens-209 Kimble	
Iquires that the death certific physician. signed by the attending phys burial-transit permit. Then p burial, cremation, or removal,	18. CAUSE OF DEATH (Enter on y one co	use per line for(a), (b), and (c))	1+1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
endinit.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE	(0) Congressie Nea	x tallus	7 years
att de di	4125 DUE	TO, OR AS TOPHSEOUENE OF	0 1 2	10
of the the risit p	Conditions, if ony, which gove	(b) Myocaldel	maulin	6 years
the lan. by tren	stoting the underlying couse DUE	TO, OR AS A CONSEQUENCE OF	ACC WAS	
Iquires that the physician. signed by the burial-transit burial-transit	lost,	(1) Caraxallial	CX BOOK HISEL	410 years
phy sign bur	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART 1(0)	
w r king een the r to	NO -			
IAN: The law rector or ottending prince has been so for use as the branch Health prior to be	190 DATE OF OPERATION 196. CONDITION	N FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY?	CALLEGE OF DEATING	CONSIDERED IN CERTIFYING
At the state of th	I L	YES 🗍	NO E-T	
AN: Ol ol ol ol or unit	3 210. ACCIDENT WAS UNDERLYING 211	DIR A.M Month Doy Yeor 21c HOW INJURY OCCURRE	ED (Enter noture of injury in Port 1 or Port 2,	Item 18.)
Spiriting of the control of the cont	(If either, notify medical examiner)	P.M. 19		
HYY hos s ce ache	21d. INJURY OCCURRED 21e. PLACE OF While at work	INJURY (AT HOME, EARM, STREET FACTORY.) 21f LOCATION Street of	R.F.D. No. City or Fown	County Stote
c this det			ulde	
OIN tffer be Stat	220 I certify that (I) (this hospi	tol) ottended the deceased from 106	2, 19, to	?, that (I) ( <del>we)</del> last
R. A	sow the deceased alive on.	e) (did not) view he body ofter death.	our) opinion deoth occurred on the d	ote and hour and from the
AT September 1	22b SIGNATURE	A	225	DATE SIGNED
OR IRE	(toler)	- (SULLY M) GREE PHYS	DIRECTOR D STAFF D A	
AL A	22d PHYSICIANS NANE (Type) D Color	22e ADDRESS	- DIRECTOR - PHIS A	ril. 5, 1969
PIT. mc ERA ERA ERA ERA ERA ERA	NAME (Type) Dr. John	2. Curry 9801	Georgia ave. Silver	Spring. Md.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law raquires the Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept of Health prior to burial, crease house the burial of the should be filed with the State Dept of Health prior to burial, crease house the state Dept of Health prior to burial.	230 BURIAL, CREMATION, 23b.,DATE _	23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
O Pog o	Burial 45 8	-69 Ford Lincoln cemetery		( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( ( (
65.	24) FUNERAL PURECTOR AND AND	ADDRESS 250.	REC'D BY REGISTRAR 256, RECISTRAR	S SIGNATURE
VR A15 (II)	Warnen & Pumprous	1434 Ga. ave. Sil. Spr. Md of	PR 1 1 1969 256 PEGISTRARY	can surger
1/11	The state of the s	THE TOTAL TO		



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05748 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle lost 2g DATE KNOWN F Month Doy Yeor 2b HOJR (Type or Print) HARRY STOLAR EST. 6:40/ DEATH MATED A RACE 6 AGE (in years JE UNDER 24 HRS 3 SEX S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d HOUR 5/20/88 Male White Doy Year To BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED Montgomery DIVORCED [7] TIS USA ithuania 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR te bleng, with give street address) INDUSTRY duting most of work no ife, even if retired ) merchant retired Silver Spring Holy Cross Hosnital Grocery death. 130. JSUAL RES DENCE (Where deceased yed, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 135 -COUNTY coi 1220 E. W Hghwy SSMd. YES TENO T Mery Land
14. FATHER'S NAME ond 2 ntromery after in Herp MOTHER'S MAIDEN NAME Middle e certificate, writing the ward "pending" in pencil in ttery should be farwarded to the Chief Medical Exominer's Offi David Stolar Abrams pages haurs Mildred 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (Yes, no. or unknown) (If yes give wor or dates of service) within APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), one (c)) permit. BETWEEN OWSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR ASTA CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). certificate shauld AS A CONSEQUENCE OF stating the underlying couse Ξ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) o 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? the certificate, YES [ 5 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter nature of in any in Part 1 or Part 2, item 18.) should PRIMARY OR CONTRIBUTING HOUR A.M. crematian, EXAMINER: CAUSE OF DEATH 21e PLACE OF N.JRY (At hame, form, street, 21d NJURY OCCURRED 21f LOCATION Street or R.F.D. No. County City or Town Stote foctory, office building, etc.) WHILE HOT WHILE 22a. I certify that I took charge of the remains described above, held an Autapsy Inquiry . Inspection X and in my opinian Undetermined manner death resulted from Natural causes Homicide uddent 🗸 Suicide CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 225, DATE SIGNED SIGNATURE. EXAMINER'S TO FUNE Health NAME (Type) the 23a. BUR AL CREMATION Oxon Hi 23b DATE B'nai Cemetery 4-4-69 Maryland 24 FUNERAL DIRECTOR 250 REC D BY REGISTRAR ADDRESS 2Sb VR A15ME (5) 350/14

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05754 05749 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased aved, if anstitution. Residence before admission) o. COUNTY o. STATE Montgomery Montgomery MARYLAND b CITY OR TOWN (If outside carporate limits write RURAL and give nearest town) c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) Bethesda Bethesda d. STREET ADDRESS e IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? and in any event, within 72 and camplefely filled 5503 Cromwell Drive 5503 Cromwell Drive YES NO X STROMWALL 3. NAME OF Middle Year Doy DECEASED (Type or print) EDWIN WALTER STROMWALL April DEATH AGE (In years IF UNDER LYFAR JE UNDER 24 HRS S. SEX 6. COLOR OR RACE 8 DATE OF BIR 7. MARRIED **NEVER MARRIED** remaye lost birthdoy) Months Dovs Hours WIDOWED DIVORCED February 13, 1908 Male White IDa USUA, OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State or foreign country) 12. CIT ZEN OF WHAT COUNTRY? please during most of working life, even if refired) INDUSTRY U. S. Steel Chicago, Ellinois Service manager 14 MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remayal, Elfreda Larson Axel Stromwall 16. SOCIAL SECURITY NO 17 INFORMANT 5503 Adromwell Dr. IS. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 323-01-3994 Dorothy L. Stromwell. Bethesda. Maryland No INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) ONSET AND DEATH transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o). signed by 1 burial-trans INTESTINAL DUE TO Conditions, if ony, which gove (b) rise to immediate couse (a), CARCINONIA PRIMARY UNKNOWN DUE TO stating the underlying couse detached far use as the e Dept. af Health prior to PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? NO 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port L or Port II of item 18.) 200 ACCIDENT WAS JNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 2Dd INJURY OCCURRED foctory, street, office bldg., etc.) Not While ot work of work DIRECTOM: After 21. I certify that (I) (this haspitat) attended the deceased from 1966, 19 saw the deceased alive on 4-10 1969, and that death accurred at 200 1966 19.69, that (I) (we) last M, from causes and an the date stated above. saw the deceased alive on. 220 SIGNATURE = MED DIRECTOR r, page 3 be filed v M.D PHYS 22d ADDRESS 22c. PHYSICIAN'S FUNERAL NAME (Type) Richard B. Perry 2001 Eve St., N. W. Washington D. C director, p 23o. BURIAL CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) April 11. 1969 Cedar Hill Grematory Suitle REMOVAL (Specify) Suitland. Maryland 0 Cremation 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Joseph Gawler's Sons Washington D. C. 20016

B

, 1		PINGO			E DEPARTMENT O		WI AND 01001							
FOR STATE		05755 DIVISIO			PRESTON STREET, BA R'S CERTIFICATI	-			057,	0.7				
MEALTH DEPT.	1 [	ECEASED NAME FI		Middle	Lost	E OF DEAT		WN Month	Doy Year	2b HOUR				
	1	Type or Print) Carl	*1	ld	Stutler		OF ES	-	29 69					
5 ~ € t	3 5		S DATE OF BI	RTH 1800 6 A	OF ALL LIFE UNDER 1 YEAR				NY /	2d. HOUR				
M3. M3.		Male Canc.	May L	7,77	therthday) MONTHS DAYS YRS	HOURS MI	Month Month	29	Yeor 1969	1				
_ 등 ( 연상 )		BIRTHPLACE (State or foreign	7b. CITIZEN OF WI		8 MARRIED NEVER A	MARRIED 🔲 9. (	COUNTY OF DEATH							
No of A	EOui	W. Virginia	U.S.A			VORCED 🗆	Montgo	The state of the s		M				
Poges ith for		ITY OR TOWN OF DEATH			NSTITUTION (If not in haspit	lol 120. USUAL	OCCUPATION (Kind	of work done	12b. KIND OF BU					
the the		Silver Spring   2810305 New Hamp. Ave.   during most of working life, even fretired   INDUSTRY   Carpenter Contractor   Co												
				utian Residence befor	_	YES NO								
		ATHER'S NAME First	na Middle		Sil. Spr.			Middle	p. Avenu					
	14								lo:	វា				
nol in niner's pages hours	ińa	9aagg Was deceased ever in U.S. armei	D FORCES?	166 SOCIAL SECURITY			nnie r Sprinc		dabauah					
within 24 penal in I xominer's ( ille pages I 72 hours a			ve wor or dates of service)	JOU JOCIAL JECOKI !!	Grace O.	Stutler	10305 ÅL	au da						
	-	1B CAUSE OF DEATH (Enter of	only one couse per	line for (a) (b) and (c)		e jame com.	10303 111	are mare	APPROXIMAT	E INTERVAL				
be executed "pending" in ilet Medica! E insit permit f event within		PART I. DEATH WAS CAUS	SED BY	_	Hypertension				BETWEEN ONSE	AND DEATH				
e execute pending" ef Medical nsit permit		HOIX IMME	DIATE CAUSE (o) DUE TO. OF	R AS A CONSEQUENCE O	. 34	<u> </u>								
be ("pe insit		Conditions, if ony, which gove	) (5)											
ward ward the Ch rial-tra		rise to immediate couse (o), stating the underlying cause	DUE TO, OF	R AS A CONSEQUENCE O	F									
- S a		lost.	} (c)											
e = 1		PART 2. OTHER SIGNIFICANT COM	IDITIONS CONTRIBUT	TING TO DEATH BUT NO	T RELATED TO THE TERMINAL	DISEASE OR COND	ITION GIVEN IN PAI	RT 1(o)						
writicot writing worded sed os (	8													
	CERTIFICATION	190 DATE OF OPERATION		19b. CONDITION FOR WAS PERFORMED					20. AUTOPS					
连节 多二、	ERTE	210 EXTERNAL CAUSE WAS	215 TIME OF	INJURY Month, Doy, Ye	a. Tota HOW INSIDA	Occupant /F-+			YES 🗌	NO J				
# n e "	3	PRIMARY OR CONTRIBUTING	HOUR A	.M.	21C. NOW INSORT	OCCURRED (Enter n	ature at injury in t	off   of Part 2, 1	rem (6)					
NER Shore files sto	MEDICAL	CAUSE OF DEATH 21d NJURY OCCURRED 21e		.M. 19 (At home, form, street,	21F LOCATION Stre	et or R.F.D. No.	City or To	wn.	County	Stote				
tCAL EXAMINER: execute the certion. Page 4 should ad for your files. CTOR: Page 3 shou buriol, cremation,			foctory, office building	ng, etc)			City of To	1414	,	31018				
Pog Pog or y R: Pog			taak charge of	the remains describ	ed above, held an Au	topsy .	Inspection 🔀,	Inquiry	and in n	ny apinian				
CAL E executor. Poped for CTOR: Puriot,		death resulted from			/ /	Homicide [		ined manner		,,				
d Secretary of Transfer of Tra		1/1	017			HIEF MEDICAL EXAN	<del></del> /							
		ACTUAL SIGNATURE	liker	1/1/1/1	lagg MD. A	SSISTANT MEDICAL	EXAMINER 🗌	226 DATE	SIGNED					
Cessory, ge funeral may be r FUNERAL	1	ENA MINEROLE	nn	4 6	0	EPUTY MEDICAL EX	AMINER X	April	29. 1969					
			n R. Reap			differentons								
0 m # ~ 0 H	230		b DATE	23c NAME OF	CEMETERY OR CREMATORY		23d LOCATION (City		. ,,	Stote)				
	24		243, 1,969		O. F. Cemete	2So REC'D BY	Yest Mil	オウナd (Up. 25b. REGISTRAR S		nia				
VR A15ME (5]		FUNERAGINATION Carte			e. Sil.Spa.N		5 1969		Hay yeardy	ele s				
10M REV. 1/68	1 1	" ( . Pumpin	UCU, JEWI. O	4)4 YOU. HE	16. Oll) Da.1'	KC PRIMINI	4 1000	15	1 0					



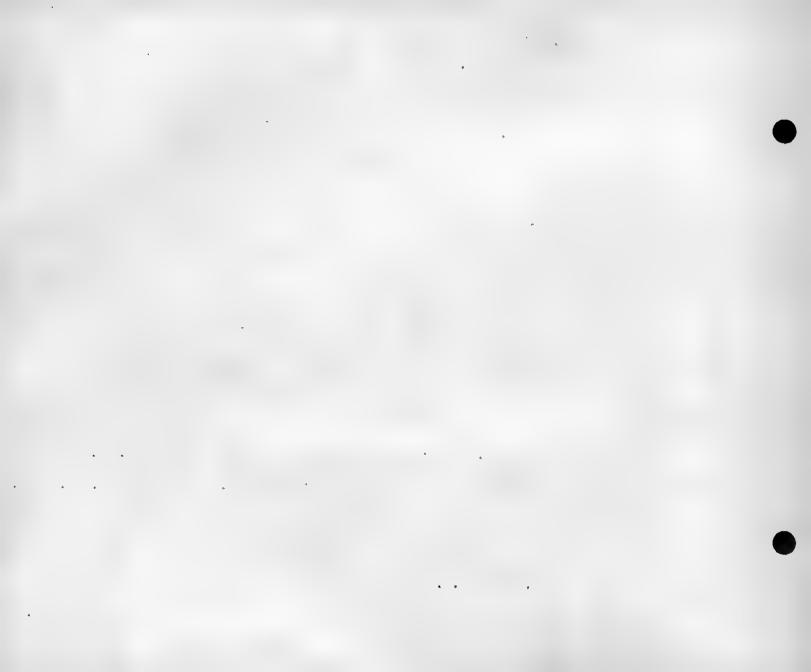
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05751 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1 DECEASED-NAME First Middle 20. DATE KNOWN Month (Type or Print) EST Donald Stutler DEATH MATED 6 AGE (in years ,F JHOER YEAR 3 SEX 4. RACE IF UNDER 24 HRS 5 DATE DE BIRTH 2c DATE PRONOUNCED DEAD ond ost birthday) HOHES Month Male Bauc. 11-17-1951 MARRIED NEVER MARRIED 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH Harvland U.S.A. WIDOWED [ DIVORCED [ Montgomerv Item 18. Give Poges TO, CITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hosp tol 120 USJA, OCCUPATION (Kind of work done give street oddress)

Tak 12b KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Takoma Park 13d. INSIGE CITY LUMITS? 13e. STREET AND NUMBER 130 USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN odmission) STATE Virginia 136 COUNTY 316 Court House Road Vienna YES NO after 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME Middle Lost Donald 24 Jones ⊆ hours Ethel the Chief Medical Examiner's pencil 1 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes no or unknown) Father Vienna, Virginia APPROXIMATE INTERVA. within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH PART I DEATH WAS CAUSED BY IMMEDIATE (AUSE (a) Multiple Extreme Injuries including Fractured DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave Skull with Exsanguination rise to immediate cause (a). writing the word should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) removo, 190, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES 🔲 NO 🖼 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Day Year 21c HOW NJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING Deceased, operating bulldozer, pinned under EXAMINER: cremotion, CAUSE OF DEATH THE COATON Street or R. F. D. No. Town City or Iown 21e PLACE OF INJURY (At home, form, street County State foctory, office building, etc.)
Field —Constr. Site FUNERAL DIRECTOR: Poge AT WORK TAT WORK Rr. Tak. Pk. Academy, T.P. Montgomery Md. 22o. I certify that I took charge of the remains described above, held an Autopsy ... Inspection ... Inquiry and in my opinion death resulted from-7 Natural causes Accident 20 Suicide | Homicide Undetermined monner CHIEF MEDICAL EXAMINER **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** moy Health NAME (Type) Reap. M.D. ADDRESS STREDTTY, town, or county) Belden 50 230 BURIAL, CREMATION, 23c NAME OF CEMETERY DR CREMATORY 23d LDCATiON (City or Town) (County) (State) 4/28/69 Flint Hill Oakton, Virginia 250 RECD BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15ME (5) Home Vienna. Va. Money & King Vienna Funeral 10M REV 1/68

MAKTLAND STATE DEPAKIMENT OF HEALTH



اختيا ا	Item15 FilmGL12   MARYLAND STATE DEPARTMENT OF HEALTH
FOR STATE	05752  MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.	1 DECEASED NAME First M.ddle Lost 20 DATE KNOWN Month Doy Year 2b HOUR
ay is 3 to Poge	(Type or Print)  JESSE JAMES SWEAT JR  OF ESTI APR 17 1969145Pm
delay and 3 i ma Poc	3 SEX 4 RACE S. DATE OF BIRTH 6 AGE (in years Funder 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD 2d. HOUR MONTHS DAYS HOURS MIN ADD DOY 17 Year 1969 715 PA
A 10 1	70 BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED X 9 COUNTY OF DEATH
- 5	COUNTRY) FLORIDA U.S. WIDOWED DIVORCED MONTGOMERY
age th f	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in boson to: 120 LISTAL OCCUPATION (Kind of work done 125 KIND OF R SIMES OR
ve Pro	BETHESDA   give street oddress) NAVAL HOSPITAL   during most of working life even if retired   INDUSTRY N/A
hin 24 hours ofter death nell in tem 18. Give Pages 1, niner's Office along with for pages I and 2 with the State of the death.	130 USJAL RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOOD 13d INSIDE CITY, M 159 13e STREET AND NUMBER Odmission) STATE TRAIN 136 COUNTY PRINCE WILLEAMS BRIDGE YES NO X 841 HALIFAX RD
em ond;	14 FATHER'S NAME First Middle Lost IS MOTHER'S MA, DEN NAME First Middle Lost
4 - S S S S S S S S S S S S S S S S S S	JESSE JAMES SWEAT Sr Iris LULK/ Gwendolyn PARFISH Dicks
Examine Examine File page	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, of unknown) (Hyes give wor or dates of service) N/A 17. INFORMANT ADDRESS HOSPITAL RECORDS
be executed in pending in the factor of the	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove  (b)  gunshot wound to head (self-inflicted)
ote should g the word ed to the Ch s o buriol-tro	rise to immediate cause (a).  stating the underlying cause (b).  DUE TO, OR AS A CONSEQUENCE OF (c)  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
frol	
This certificate, writim be forwards discussed ose oor removal,	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY?  WAS PERFORMED?  YES NO [X]
VER: The certifico hould be les. should be should be trion, or tri	190 DATE OF OPERATION  200 AUTOPSY?  YES NO Z  210 EXTERNAL CAUSE WAS  PRIMARY OF OR CONTRIBUTING OF OPERATION  211 DO EXTERNAL CAUSE WAS  PRIMARY OF OR CONTRIBUTING OF OPERATION  212 DO EXTERNAL CAUSE WAS  PRIMARY OR CONTRIBUTING OF OPERATION  213 DO EXTERNAL CAUSE WAS  PRIMARY OF OR CONTRIBUTING OF OPERATION  Shot self in head 22 caliber rifle  214 N. BY OCCURRED (21e PLACE OF INNININY ALL homes form street)  215 DOCATION Street or R.F.D. No. (1) OF JOINT AND COLORS
25 ± 4 = 9 ;	21d N.JRY OCCURRED  WHILE NOT WHILE NOT WHILE AT WORK A TOWN WHILE AT WORK A TOWN  WHILE NOT WHILE AT WORK A TOWN WHILE A TOWN WHILE AT WORK A TOWN WHILE
L EXA recute Poge for you oR: Pog idl, cre	22a   certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my opinion
e e e e e e e e e e e e e e e e e e e	aeath resulted fram Natural causes [], Accident [], Suicide 🔯, Homicide [], Undetermined manner []
D DEPUTY MEDICAL ENGRESSORY, please execute the funeral director. Possible from the funeral director. Possible for D FUNERAL DIRECTOR: Health prior to burial,	ACTUAL July B Ball CHIEF MEDICAL EXAMINER   SIGNATURE JULY B BALL MAD ASSISTANT MEDICAL EXAMINER   226 DATE SIGNED
	EXAMINER'S DEPUTY MEDICAL EXAMINER (S) 18 April 1969
TO DEPU necessal the funk 5 may to TO FUNER Health	NAME (Type) John G. BATT, M.D. ADDRESS(Street city, lown or county)  230 BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
1 2	Burial 21 Apr. 69 Arlington National Arlington Arlington Va.
	24. FUNERAL DIRECTOR Cunningham MountcastleDDRESS 250 REC D BY REG STRAR 25b REGISTRAR S SIGNATURE
VR A15ME (5) 10M REV 1 - 68	Woodbridge, Virginia & Este Mountantle DAAPR 2 3 1969 Williamle Justice



/ 1	Et.	ems 18-22a Film 412 MAKYLAND STATE DEPARTMENT OF HEALTH 12-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	_		05753
HEALTH DEPT.		DECEASED NAME Fist Middle Lost 20 DATE KNOWN Month	Doy Year 26 HOMB
र इंड के व	,	(Type or Print) Miyako O Taketa OF ESTI-DEATH MATED X 4/2	29 1969/LAM
P 2 2 3	3 5		Year / 61 // 3
any delay is 2, and 3 ta PM3. Page		ATT TO BOYRS	1969 16 AM
orm orm	(QJI	BIRTHPLACE YOU COUNTY OF DEATH  ONLY WOS 1 29707 76 CITIZEN OF WHAT COUNTRY?  8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH  WIDOWED DIVORCED MEIT 46174 96174 9	c/ Md
rs ofter deoth  18. Give Pages 1, e along with form 2 with the State De	10.		126 KIND OF BUSINESS OR INDUSTRY
Sive ng v h th	13a	USLA, RESIDENCE (Where deceased lived if institution Residence before 13c CITY DR TOWN 33d INSIDE CITY LIMITS? 33e STREET AND NUMBER	Tuenue
2 0 7	0	admission) STATE / Agry /2 not 13b. COUNTY Mont Joine / Kens noten YES & NO 1/2/2 1/2 rood 2	m XXXXXXXXX
Prours Office oud 2	14 1	FATHER'S NAME First Middle Lost IS MOTHER'S MA DEN NAME First Middle	Lost
1 2 S	1/	Shingiro - CK3 do Yone - WAS DECEASED EVER IN U.S. ARMED FORCES? 1666 SOCIAL SECURITY NO 17 INFORMANT - ADDRESS	Jange
INER: This certificate should be executed within 24 Hayre exertificate, writing the word "pending" in penfil in Lemshould be forworded to the Chief Med.col Exampler's Officials.  Showld be used as burial-transit mermit. File pages I amd in any meet within 72 hours offer		WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes no, of unknown) (Hyes give wor or dottes of service) VES 268-24-1698/HUS band Chiyoto Taketa.	SAME
be executed wit "pending" in pe nief Medicol Exor n≡sit ∏ermit. File ■vent within 72		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c) )	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in iief Medicol E insit mermit. i		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a) 19-40110H Barbiturate poisoning	½ hr.
ex f Mir		Conditions, if ony, which gove )  Overdose of barbiturate	
d be d 'i Chie fra		nse to immediate couse (a), ( (b), ( (c))	+
should be en word 'per on the Chief I burial-framsit I in any meer		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
certificate should writing the word prworded to the Closed os a bund-trunoval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	1
fing fing rded as I	2		
is certific te, writin forword le used as	CERTIFICATION	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This cate, be fo	E		YES NO
INER: The certification of the		210 EXTERNAL CAUSE WAS PRIMARY OCCURRED (Enter nature of njury in Port 1 or Part 2, lite PRIMARY OCCURRED (Enter nature of njury in Port 1 or Part 2, lite AUSE OF DEATH  8:30-24 4/29 19 69 Took overdose of barbiturat	
INER e cer shoul files. 3 sho	MEDICAL	2 d. IM TIPLY OCCUPRED 21 a PLACE OF th HIPLY (At home form street 21f LOCATION Street of P.F.D. No.	Caunty State
医右子子 甲二			Montg. Md.
ML Execution For For For For Find, F		22a. I certify that I took charge of the remains described above, held on Autopsy 🔀 Inspection 🔀, Inquiry 🗹	
TY EXICAL E  y, please executed director. Pose executed for the control of the co		death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	[X]
please e director retained		ACTUAL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CONTROL 226 DATE:	CICNED
UTY berdleral be r	1	SIGNATURE MD ASSISTANT MEDICAL EXAMINER DEDUTY MEDICAL EXAMINER DEDUTY MEDICAL EXAMINER	1/29/969
necessory, please et the funeral director. S may be retained for FUNERAL BIRECTOR. Health prior to but		NAME (Type) John G. Ball, M.D. ADDRESS(Street, cty, town, or county)	7
the the S n	230		(County) (State)
0	(		Maryland
VR AT SME (BATA)	134	THE E Pumphrey. Inc. Silver Spring aryland 5 1969 (Clarks)	S GNATURE
10M REV 1, 48	Wa	rner E. Pumphrey, Inc. Silver Spring, Varyland 5 1969 Julianes	0 0

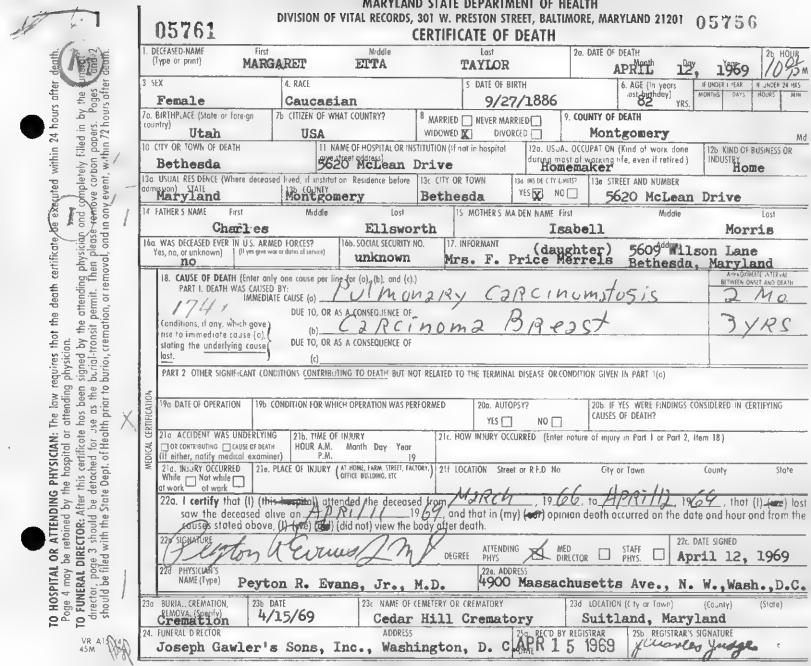


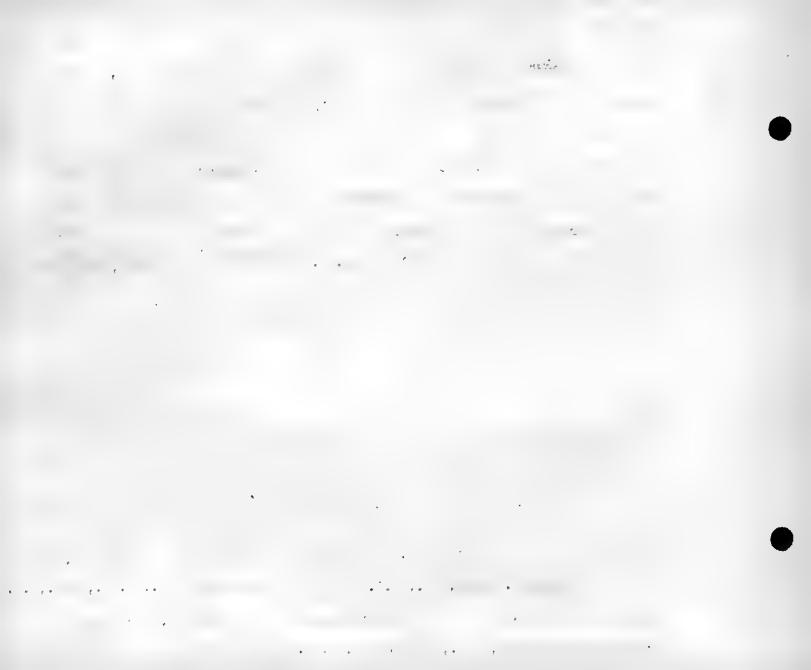
1		A P 10 W A		ID STATE DEPARTMENT OF , 301 W. PRESTON STREET, BAI		
		.05759		CERTIFICATE OF DEATH		05754
death. and 2 death.		ECEASED-NAME First Type or print) florence		Tankers less	20. DATE OF DEATH  April Month & De	OY 1969 315 M
executed within 24 haurs after death decompletely filled in by the funeral smave carban paper. Acres, and any event, within 72 hours after death	3. S	Temale	4 RACE 24 hite - Couce	s. Date Of Birth	6. AGE (In years lost birthday)  YRS	IF UNDER TYEAR F UNDER 24 HRS. MONTHS DAYS HOURS MIN
d in by 72 hour	70 cou	BIRTHPLACE (State or foreign nitry) PENN.	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH	W Md.
and completely filled remave carban pape n any event, w thin 7		CITY OR TOWN OF DEATH Takoma Pari	give street address) Sai	V x X/010 during	WAL OCCUPAT ON (Kind of work done most of working life, even fret red)	12b KIND OF BUSINESS OR INDUSTRY
remave carl	13o odm	USUAL RES DENCE (Where deceose ission) STATE & D.C.	d Lved, if institution Residence before			
5	14	FATHER'S NAME (First	Middle Ritcher		Tinnie	Andrus
nen please		WAS DECEASED EVER IN U.S. ARM	ED FORCES? If or dates of service)  16b SOCIA_SECURITY  2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	NO 17. INFORMANT THOMAS (Patient's C	M. GIFTINGS JR Address HART 520 SHOREHAR	806-15M ST ALW.
IN FUNEKAL DIKECLOK: After this certificate has been signed by the aftending phys director, page 3 shauld be detached for use as the burial-transit permit. Then p, shauld be filed with the State Dept. of Health priar ta burial, crematian, ar removal,		Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying couse lost	Y one couse per line for (a), (b), and (c) BY TE CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) DITHONS CONTRIBUTING TO DEATH BUT N	or prostrounted.  Tic policle.  OT RELATED TO THE TERMINAL DISEASE OF	RONDIT ON GIVEN IN PART I(0)	APPROX MATE INTERVAL BETWEEN CONST! AND DEATH  12 SESSION.  2 2 days  1 session.
	CERTIFICATION		ONDITION FOR WHICH OPERATION WAS PI	YES NO E	_	
with the state Dept. of Heat	MED.CAL CE	21o. ACCIDENT WAS UNDERLYING  OR CONTRIBUT NG CAUSE OF DEATH Off either, notify medical examin  21d. INJURY OCCURRED  21e. 1	HOUR A.M. Month Doy Year	9	ter noture of injury in Port 1 or Port 2,	County State
/		While Not while at work	hospital) attended the decease ve an (I) (we) (sid) (did nat) view the T. Kimble	ed from	pinian death accurred on the d	,
shauld be filed v	E		ril 11,1969 Fort 1		23d LOCATION (City or Town) Washington, D.	C. (Stote) Buy
R	300	uner E. Pumphr	en Carter8434 Geos ey, Inc. Silver S	oring. Md. DATE DATE	BY REGISTRAP 1969 25b PERFER	San Judge



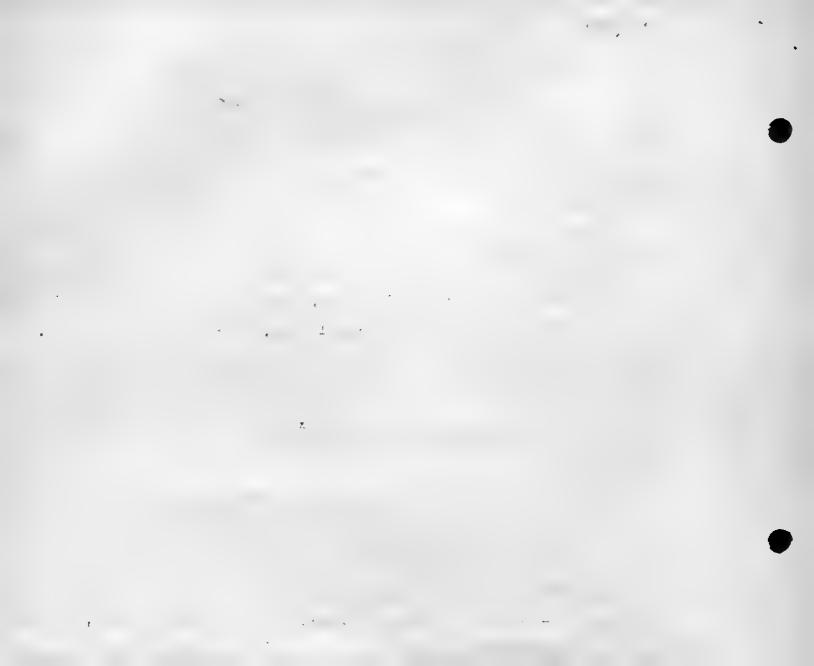
1	It	cems 18-22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH -8-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	E ET HY ON ON
FOR STATE	Ete	ems 16a.b.FilmG)12 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	15755
HEALTH DEPT.		(lune of Print)	ay Year 2b HOUR
lay is 13 to Page	3 5	JAMES US 100 Charles TAYLOR DEATH MATER 4-1	8 4775
y delay	3 3	SEX 4 RACE S. DATE OF BIRTH 6 AGE (n years get builder) 4 RACE 1/7/29 6 AGE (n years downlines) DAYS HOURS MIN. Month 4 Day 18	26 Mour 19 69 7: 40
-5 ~ /9/		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	3,00
form, form		DIVORCED ☐ Montg•mery	Md
Pages vith for		CTY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital liza, USUN OCCUPATION (Kind at work done 12 and the street oddress) in the street oddress in the st	POSTIFORMUNIC
fer death Give Pages Ing with for th the State		Stivet Spiring., ind. Hory Cross Hospital Tochnical Chafe	tions & In
haurs after death them To, Give Pages 1, Office along with form land? with the State Death.		USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY LAND NUMBER COUNTY MONTGOMERY SIL. Spring IX NO 1545 N. Falkl.	_ ,
hours of them 100 of the poly	£4.	FATHER S NAME First Middle Lost IS MOTHER S MAIDEN NAME First Middle	Lost
ris a r			Severidae
s certificate should be executed within 24 hours after death e, writing the word "pending" in pencil in term 18 Give Pag farwarded to the Chief Medical Examiner's Office along with 3 used as a burial-transit permit. File pages Tahd2 with the Staemoval, and in any event within 72 hours after death.	1	WAS DECEASED EVER IN U.S. ARMED FORCES?  165 SOCIAL SECURITY NO  17 INFORMANT Silver Spring, ADDRESS Mary  185. No. or unknown)  (It yes give wor or do'es of service)  185 No. 9alk  Marilyn Daylor(wife) 1545 No. 9alk	
d wit in pe I Exan	=	IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
xecuted nding" in Medical Es permit. F		PART I. DEATH WAS CAUSED BY Gunshot wound of head,	BETWEEN ONSET AND DEATH
be exe "pendi nief Me ansit pe event 1		1 > X DUE TO, OR AS A CONSEQUENCE OF	
the chief		(anditions, if any, which gave inse to immediate cause (a), (b) self-inflicted	
shauld be to word "pe at the Chief burial-transit in any ever		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
ate sho g the v ed ta th s a buri and in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate shauld be executed icate, writing the word "pending" in be farwarded to the Chief Medical E be used as a burial-transit permit. For removal, and in any event within	~gs	TAKE I WITTER STORIFFCAME CONDITIONS CONTRIBUTING TO DEATH BOT NOT RECEIVED TO THE TEXAMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
its certificate, writing farward a see used a removal,	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
This icate, be fa	RTIFIC	WAS PERFORMED?	YES NO
± - 42 ° I		216 EXTERNAL CAUSE WAS PRIMARY SOR CONTRIBUTING 1 HOUR A M CAUSE OF DEATH 7: 30 P.M. 4-14 19 69 in forehead.	£83
(AMINER: te the certi je 4 shauld faur files. age 3 shau crematian,	MEDICAL	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f 10CATION Street or R.D. No City or Town	County State
bical Examiner: se execute the cert ctar. Page 4 shaule ned far yaur files. ECTOR: Page 3 shau burial, crematian,		WHILE AT WORK AT WORK AT WORK Silver Spring M	ontg. Md.
ICAL E s executor. Pa far. Pa ed far CTOR: I burial,		22a. I certify that I taak charge af the remains described above, held an Autopsy 🔀. Inspection 💢, Inquiry 🛣.	and in my apin'an
DIC. ase e rectar ained IRECT to bu		death resulted ram: Natural causes Accident , Suicide X, Hamicide , Undetermined manner	]
TTY blasse y, please eral direct be retaine RAL DIRECT priar to t		ACTUAL // / / / / / / / / / / / / / CHIEF MEDICAL EXAMINER   2014 DAYS SEE	airm
UTY any, neral be be Pri		SIGNATURE ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY	10 10 -
necessary, please e the funeral director 5 may be retained TO FUNERAL DIRECT		NAME (Type) /26LDEV K, SEAD M. D. ACOUTS STORE OF COUNTY TO THE	8,1969
5 = = 5 E	23a	PEMOVA (Sperify)	aunty) (State)
~ _1	24	purial of inpul 21,1904 , Colesume Cemetery   Colesume, nary	NATIOF
VR A15ME (5 10M REV 1768	We	arner E. Pumphrey, Inc. 8434 Ga. Ave. Sil Spg. APR 2 2 1969 Consulty	Judge.

1,1

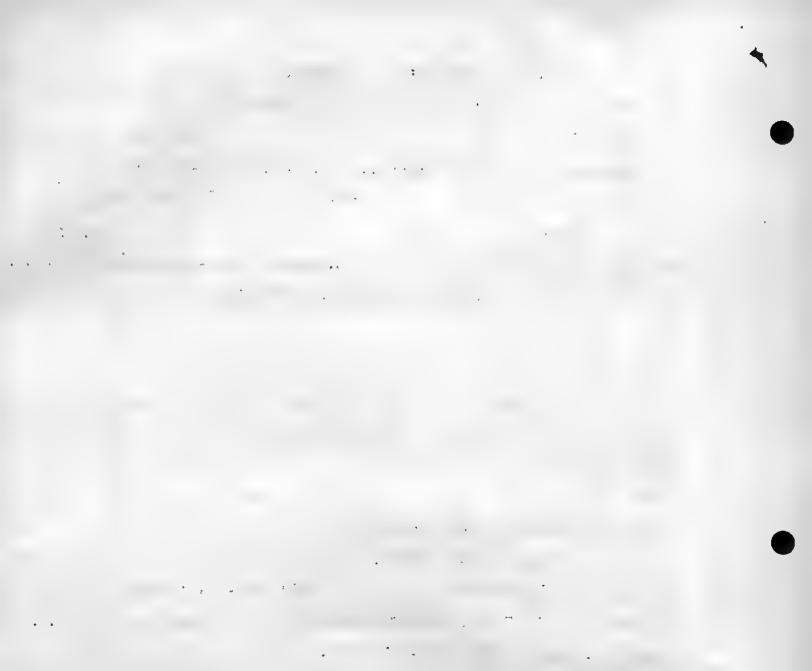




***************************************	-		- 1			D STATE DEPARTMENT OF F		
	15	> 1		OFFICE	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALTI	MORE, MARYLAND 21201	
				05762		CERTIFICATE OF DEATH		05757
	•	4 _ 74	ī	DECEASED NAME . First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
		s after death the funeral oges 1 and 3		(Type or print) VIRGIN.	in Stabelle	TAYLOR	Month Doy	16/0 65 AM
		fun fer	3	SEX	4. RACE	S DATE OF BIRTH	6. AGE ( ) years	JE UNDER I YEAR JE UNDER 24 HRS
		the oges	- 1	Frmaly,	Caucasian	aug 11 19	10 Se thday) YRS.	MONTHS DAYS HOURS MIN
		N N N N N N N N N N N N N N N N N N N	- ⊩	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	COUNTY OF DEATH	
		ted in the		17)655	7.50	WIDOWED DIVORCED	MentgomERY	M.I
		Ped Production		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	STITUTION (If not in hospital   12a USJA	. OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR
		of within of corban poets of within	7	Brither	g ve street address)	during pla	ost of working life, even if retired)	INDUSTRY
	0	d w	Ĭ	Ba. USUAL RESIDENCE (Where decease	ed lived; if institution, Residence before	13c CHY OR JOWN 13d INSIDE CTY IS	MITS?   13e STREET AND NUMBER	
	B		F 3 0	dmission STATE of Col.	136 COUNTY		1 6605-32 mls	F.NW.
	111	execut and cam remove rony ev	, Ī	4. FATHER'S NAME D First	Middle Last	. IS MOTHER'S MAIDEN NAME F		Last
	0	be ex and e rem lin on	a 1	John	me Can		trus	Anith
	80	physicial properties of physicial please over and it	Ī	60. WAS DECEMBED EVER IN U.S AR		O. 17 INFORMANT	Cdd. SundAddress	
	E	震( 養皇春		Yes, no or unknown) (If yes give v	vot or dates of service)	Frank Toul	- herstand	
		a a a a		1B. CAUSE OF DEATH (Enter an	ty one cause per line far (a), (b) and (c)	0		APPROXIMATE INTERVAL BETWEEN OWSET AND DEATH
	h	attending		PART I DEATH WAS CAUSE	D BY: ATE CAUSE (a) Coronary 1			sudden
	8	ne death attendir permit. Ion, or re		4109	DUE TO, OR AS A CONSEQUENCE OF	district the state of the state		- Jako Ji
	N.	the the sait p		Canditians, if any which gave		arteriosclerosis, s	e <b>vere</b>	veers.
	II.	s that t cion. d by the transit , cremal		rise to immediate couse (a), stating the underlying couse(	DUE TO, OR AS A CONSEQUENCE OF			
	1	sicio sicio ed l ed l al-fr		last.	(c)			
	1.	the law requires that afterding physicion. has been signed by the act the burial-trans harior to burial, crem		PART 2 OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(0)	
		w reding		z				
		YSICIAN: The law re ospital or attending certificate has been hed for use as the st. of Health prior to		19a. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	206 IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING
		The off of the party of the par	/ [			YES 🔀 NO 🗌	CAUSES OF DEATH?	
		AN: ol or cate or u				21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 or Part 2, i	tem 18.)
				G ONTRIBUTING CAUSE OF DEAT	H HOUR A.M Manth Day Year ner) P.M. 19	1		
		by the hospital or ffer this certificate be detached for a	- [	≥ 21d. INJURY OCCURRED 21e	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC	TORY,) 21f LOCATION Street or R.F.D. No.	City or Town	Caunty State
,		** = # # # #		at wark at wark				
	14 41	by frer Stot		22o. I certify that (1) (th	is haspital) attended the decease	ed fram	6 k, ta 3/28, 19_	<u>67</u> , that (I) (we) last
		R: A		saw the deceased a	live anl e, (1) (we) (did) (did nat) view the l	y ©∡, and that in (my) (our) opi	nian death occurred on the do	te and hour and from the
		ATTENDING stained by the CTOR: After I should be dith the Stote		22b. SIGNATURE	1 0 1	budy after death.	226 [	DATE SIGNED
		INTAL OR ATTENDING PHYSICI moy be retained by the hospit RAL DIRECTOR: After this certific, page 3 should be detoched be filed with the Stote Dept. of		2,49	shen W. Dester	DEGREE PHYS D	ED STAFF U 4-	-17-19/9
		AL O	.	22d PHYSICIAN'S	<del></del>	22e ADDRESS	,	2
		O HOSPITAL Page 4 may O FUNERAL fi director, pag should be fil	/+	NAME (Type) Ster	hen W. Dejter	6719 W	ilsox LAME	Bethesda, ma
		O HOSPII Page 4 m D FUNER director, should b	2	3a BUR.AL CREMATION, 23b		CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
		TO HOSPITAL OR ATTENDING Page 4 moy be retained by 1 to FUNERAL DIRECTOR. After director, page 3 should be should be filed with the Stot		Burial 4-	21-1969 Arling	ton National Cemete	ry-Arlington Cour	ty, Virginia
			, 2	4 FUNERAL DIRECTOR	ADDRESS	25a RECD B		
		VR A 5 (4) 45M - 1/6	4	JOSE	PH GAWLER'S SON, INC.	DATE APR	23 1969 Min	who Judge .



B-15	15763 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMO I Lems# 1,11,17, FilmGh13 6/2/69 CERTIFICATE OF DEATH	ORE, MARYLAND 21201 05758
\$25°		ta. DATE OF DEATH 2b. HOUR
deroil ond 2	ESTHER PENELOPE THOMPSON	APRIL 17 1969 6:30
Poges 1	3. SEX 4. RACE S DATE OF BIRTH  FEMALE CAUC 23 NOVEMBER	1938 6 AGE (in yeors   15 UNDER 1 YEAR   15 UNDER 24 HRS. 1928   10st birthday)   MONTHS   DAYS   HOURS   M.N.   4 24
0 2		1928 4930 YRS 4 24
filled in by M popers. Pog	NEW YORK USA WIDOWED DIVORCED	MONTGOMERY
in 2 filled hin.	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUTION (If not in baseria) 12a. USUAL O	CCUPATION (Kind of wark dane 12b KIND OF BUSINESS OR INDUSTRY
rely with		ICIAN-BIO SCI
The law requires that the demth certificate be executed mithin 24 hou attending physician.  The buriof-transit permit. The place remove corbom papers. The prior to buriof, cremation, or removal, and the only event, within 72 hau	130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b COUNTY 13d INSIDE CITY LIMITS?  130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before LANHAM 13d INSIDE CITY LIMITS?  130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before LANHAM 13d INSIDE CITY LIMITS?	
exe	14 FATHER'S NAME First MiddleProfeta Last IS MOTHER'S MAIDEN NAME First	Middle Last
cian or page	JOSEPH A. PROFUTA MAR	
physician ond control and	16b. SOCIAL SECURITY NO.  17. INFORMANT Profeta  18 J. PROFUTA	Address. AZONE PARK 123-11 150th AVE QUEENS N.Y.
ne demth certifi ottending ptyy permit. Then ion, or remova	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY:  MASS TAUE STIRAR ACHNOTO HEMORRHAGI	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne de≡tl ottendi permit. ion, or r	IMMEDIATE CAUSE (a)	2
the of	DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave )	
thot in. by th onsi	rise to immediate couse (o), (b)	
equires that the demphysicion. signed by the ottens buriel fransit permit buriel, cremation, or	lost. (c)	
4: The law requires the or attending physicion. ote has been signed by ruse as the buriof-troisalth prior to buriol, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND	DITION GIVEN IN PART 1(a)
endi endi s be as th	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY?  YES X NO   21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INNIBY 121c. HOW INNIBY OCCURRED. (Foliar not	20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
	YES X NO	YES
CIAN:	21c. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not find fife either, notify medical examiner) 31c. PLACE DE INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife either, notify medical examiner) 31c. HOW INJURY OCCURRED (Enter not fife examiner) 31	ture of injury in Port 1 or Part 2, Item 18.)
OR ATTENDING PHYSICIAN: The law re be retained by the hospital or attending DIRECTOR: After this certificate has been as 3 should be detached for use as the led with the State Dept. of Health prior to	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R F.D No. While at work at work	City or Town County State
UDING d by th After d be d	22a Legify that (% (this baspital) attended the deceased from 14 APR 19 69	, ta 17 APR , 19 69 , that (1) (we) las
	saw the deceased dive on 17 APRIL 1969, and that in (%) (aur) apinia cooses state pabave, (aur) (did) (did two) view fine bady after death.	n death accurred an the date and havr and fram th
ECT AT	22b GNATURE ATTENDING MED.	STAFF
DIRE TOR	22d. PHYSICIANS 22e. ADDRESS 22e. ADDRESS	TOR PHYS. 20 18 APRIL 1969
MOY MOY PER RAIL	ADDREST A	ITAL, BETHESDA, MARYLAND
TO HOSPITAL OR ATTENIENT Poge 4 moy be retained to FUNERAL DIRECTOR: A director, poge 3 should should be filed with the	23g. BURIAL (REMATION. 23b DATE 23c NAME OF CEMETERY OF GREMATORY 23	Id. LOCATION (City or Town) (County) (State)
9 0 P.	BURTAL EVERGREEN/CENETARY	QUEENS N.Y.
VR A15 (4) 30M REV 1/68	24. FUNERAL DIRECTOR 7557 WISCONS IN AVE. BETH MD. 250 PELD BY RE DETH MD. 250 PELD BY RED B	GISTRAR 256 REGISTRAR S SIGNATURE
DOM KEA (\09	ROBERT A. PUMPHREY FUNERAL HOME BETH MD. GAR N 2 3	1000



1	ı	05764 DIVISION OF VITAL RECORDS, 30	STATE DEPARTMENT OF HE	ALTH AORE, MARYLAND 21201 - 4	OF ME						
*	It	05764 DIVISION OF VITAL RECORDS, 30 cem23 FilmGlil2 4/30/69 kk CE	RTIFICATE OF DEATH		03739						
death ierol ond 2 death.		OECEASED NAME First Middle Type or print) Clarence Willard	lost Tabbs	20. DATE OF DEATH Apr Manth 17891	69 Year 6.5 9M						
aurs after death the funerol Poges I and 2	3.5	Female Vihite	s date of Birth		FUNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.						
filled in 24 hour thin 24 hour	£00	"Nebo. Va. USA.	WIDOWED DIVORCED	COUNTY OF DEATH	Md. Md						
within bon pa	10	O CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street oddress) Rt 2. German town. Id. 12a USUAL OCCUPATION (Kind of work done give street oddress) Rt 2. German town. Industry II									
ond completely remove carbon n ony event, with	adn -	ression) STATE Md. 13b. COUNTY	Germantown   3d INSIDE CITY LIMIT Germantown   YES   NO [	X							
be except on ond on ond on ond		FATHER'S NAME First Middle Last Henry Cox	Sarah Tibbs		Lost						
certificate be ng physicion o Then please		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown)     (It yes give war at dates of service)     (It yes give war at dates of service)		Address Tibbs. Germantow							
requires that whe death censions that the other death censions by the other ding property buriol, crematian, or remainers		18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c) PART + DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Canditions, if only, which gave rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	semo	NITITION CIVEN IN PART 163	APPROXIMATE MITERVAL GETWEEN OWSET AND DEATH						
The law required attending phas been since on the bith prior to but the pr	CERTIFICATION		DRMED 20a. AUTOPSY?  YES NO [	20b IF YES, WERE FINDINGS CON CAUSES OF DEATH?							
HYSICIAN: hospitol or certificate trhed for under	MEDICAL CER	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical examiner) P.M. 19  21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTOR		nature of injury in Port 1 or Port 2, Ite	m 18) County State						
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Poge 4 may be retained by the hospitol or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the funeral director, page 3 should be detached for use as the buriol, transiting permit. Then please remove carbon pages. Pages 1 and 2 should be filled with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 2 that death		22a   certify that (I) (this hospital) attended the deceased saw the deceased alive an locauses stated above, (I) (III) (did nat) view the boundary of the control of the c	dy ofter death.  DEGREE ATTENDING MEE  PHYS DIR  22e ADDRESS Fre	D STAFF 22x. DA EKTOR	TE SIGNED 18-1969 Chersburg, Md.						
TO HOS Poge To Fun direct	]	April 19,1969 Memori	al Haven	Frederick.Co.	(County) (State)						
VR ATTA	24.	FUNERAL DIRECTOR Ernest C. Gartner ADDRESS	rshare Md DAPR 2	REGISTRAR 2Sb., REGISTRAR S SI	GNATURE						



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05760 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Middle HEALTH DEPT. DECEASED NAME Last 2a DATE KNOWN Month 25 HOUR First Year (Type or Print) :360 PHILLIP TTPPERMAN DEATH MATED IF UNDER YEAR IF UNDER 24 HRS 2d HOUR 6 AGE In years 2c. DATE PRONOUNCED DEAD 4 RACE S DATE OF BIRTH 3 SEX Month 1 \_\_\_\_ Dax \_\_ 1 1 \_ Year \_ 696 :36p. 12-25-16 Male White 9 COUNTY OF DEATH 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED MINEVER MARRIED the Chief Medical Examiner's Office along with farm (Ountry) Montgomery WIDOWED [ DIVORCED [ USA 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work dane 12b KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH give street oddress) wash. San. & Hosp. during most of working life, even if retired.) INDUSTRY Takoma Park 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER odmission) STATE Mal. 13b COUNTY Mont. Rockville 5110 Yosemite Dr. YES [ NO [ Hern 18. Vand 2 valter o 1S. MOTHER'S MA DEN NAME First A FATHER'S NAME Middle Fva Finkelstein Benjamin Tipperman hours . ⊆ bages ADDRESS Rockville.Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO. (Yes, na, ar unknawn) Milton Tipperman, 5110 Yosemite Dr. be executed within 18 CAUSE OF DEATH (Enter only one cause per net for (a), (b) and (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nse ta immediate cause (a). certificate, writing the ward auth de farwarded to the Ch certificate sllauld DUE TO, OR AS A CONSEQUENCE-OF stating the underlying cause .⊆ BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH В 20 AUTOPSY? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? ä 21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day Year PRIMARY OR CONTRIBUTING crematian, 21d IN. JRY OCCURRED 21e PLACE OF INJURY (At home, farm, street, factory, office buil AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Autabsy and in my apinian Inspect on Inquiry Undetermined manner death resulted from: Natural causes Aceident Suicide N. Homicide CHIEF MEDICAL EXAMINER ACTUAL **22b DATE SIGNED** SIGNATURE **EXAMINER'S** 5 may 70 FUNE Health Belden R. Reap. M.D. NAME (Type lows 101 county) 23c NAME OF CEMETERY OR CREMATORY (County) 23a. BURIAL, CREMATION, 23d. LOCAT ON (City at Tawn) KEMUVAL (Specify) INGDAVID Mem. Garden 18 CHURNOLSON FUNERAL DIRECTOR VR A15ME (5) 10M REV. 1/68

MARYLAND STATE DEPAREMENT OF HEALTH



1		05767	D	IVISION OF			E DEPARIM PRESTON STI			MARYLAND 21201	0.5			
•		em23 FilmG41			•		CATE OF				05	0576		
= - ~ =	1 D	ECEASED-NAME	First	,	Middle		Lost		2o. DAT	E OF DEATH		2b. HOUR		
\$ \\\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	1	(ype or pnnt) Rebe	cca		Kay		Toney		App	ril Month 5	1969	11:25		
直域性	3 \$1			4 RACE			S DATE OF BI	IRTH		6. AGE (In years last birthday)	IF UNDER I YEAR MONTHS   DAYS	IF JNDER 24 HRS.		
E ZE E		Fenale		Whit			20 Ju	Ly 1963	)	5 YRS	WIGHTIS DAYS	Initi		
hours of hours of hours of hours of hours of hours	70.	BIRTHPLACE (Stote or foreign	7Ь	. CITIZEN OF WI	HAT COUNTRY?		D 🔲 NEVER MAR	CKIED [3]		Y OF DEATH				
ed irr		Virginia		USA		WIDOWE		RCED 🔲		ntgomery		Mo		
be executed within 24 hours and campletely filled in by temave carban papers. Pour any event, within 72 hours	10.	Bethesda		give Tine	AME OF HOSPITAL OR IN street oddress) 3 Clinical	Cent	er. NIH	during mo	at occupa: ost of worl _d.	TION (Kind of work done king life, even if retired.)	126 KIND OF INDUSTRY	BUSINESS OR		
mplete ve carl	13a adm	USUAL RESIDENCE (Where dission) STATE Virgi	eceosed nia	lived, if institut 13k. COUNTY Frince	uno. Pasidence before	Mana	OR TOWN	13d INSIDE CITY LI	promp	e. STREET AND NUMBER 141 Colburn	e Drive			
and camp remave in any eve	14.	FATHER'S NAME First		Middle	Lost		15. MOTHER'S MA	AIDEN NAME F		Middle		lost		
be ex n and e rem lin an	i .	Jack		E.	Tone	y		Dea	nna		Mea	dovis		
physician signed by the attending physician signed by the attending physician burial-transit permit. Then please burial, crematian, or removal, and		WAS DECEASED EVER IN U.S 'es, no, or unknown) (If ye	ARMED s give war a	FORCES? r dates of service)	16b. SOCIAL SECURITY None		informant j The Medi	Bethesd	la, M	1. 20014 <sup>ddress</sup> s. The Clin	ical Cen	ter		
Then nov	F	18. CAUSE OF DEATH (Ent	er anly o	one rause per la							APPROX	IMATE INTERVAL DISET AND GEATH		
ath ndin iit.					Cardiores		ry fail:	ure				urs		
affer affer an, o	П	204.0	INCOMME		AS A CONSEQUENCE OF									
the the nation	L	Canditians, if any, which g	ave)	(b) S	ystemic Ca	ndidi	asis				2 we	eks		
that an. by rans	1	rise to immediate cause stating the underlying co	(a), ( juse)		AS A CONSEQUENCE OF									
res /sicional idi.		tast.	—,	(r)_A	cute Lymph	ocyti	c Leuker	mia			2_ye	ars		
OR ATTENDING PHYSICIAN: The law requires that the death be retained by the hospital or attending physician.  SIRECTOR: After this certificate has been signed by the attendin e 3 shauld be detached far use as the burial-transit permit. ed with the State Dept. af Health priar ta burial, crematian, or re	_	PART 2 OTHER SIGNIFICAN	T CONDIT	TIONS CONTRIBU	ITING TO DEATH BUT )	IOT RELATED	TO THE TERMINA	IL DISEASE ORC	CONDITION	GIVEN IN PART 1(a)				
law endi s be s th	CERTIFICATION	190. DATE OF OPERATION	19b. COI	NDITION FOR WI	IICH OPERATION WAS P	ERFORMED	20a. AUTO			Db. IF YES, WERE FINDINGS AUSES OF DEATH?	CONSIDERED IN (	ERTIFYING		
The hat h	MIE						YES _							
AN: al or cate ar u	3	210. ACCIDENT WAS UNDE	RLYING	21b. TIME O HOUR A.M.			HOW INJURY OC	CURRED (Enter	r nature of	injury in Part 1 or Part 2	, Item 18)			
SICL spite ed f ed f	MED.C	OR CONTRIBUTING CAUSE (If either, natify medical e	xominer)	P.M.	1	9	100151011 0					CA-A-		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached from use as the shauld be filed with the State Dept. af Health priar ta	1	21d. INJURY OCCURRED While Not while at wark of wark	1		( AT HOME, FARM, STREET, F) OFFICE BUILDING ETC.					City or Town	County	Stote		
by the by the ffer this be deto State De		22a. I certify that saw the deceas	) (this	hospital) att	ended the deceas	ed from_	L Decc.	10er 196	<u>O</u> , to	5 April 1	9 <u>0</u> , that	(1) (we) las		
Ped	П	saw the deceas	ed aliv bave, ĉ	e an <u>-2-^1</u> \$) (we)(did)	(Mikhox) view the	bady afte	na mar in spa r death.	ny) (aur) api	nian aec	ain occurred an the c	iare and naur	and fram th		
ATT ATT	Н	22b. SIGNATURE		- 1					IFO.		. DATE SIGNED			
OR ATTEND be retained JIRCTOR: A je 3 shauld ed with the	L	Robert	- (	J. Ho	elogen:	74 . W	GREE PHYS.	NG D			April 1			
O HOSPITAL Page 4 may   O FUNERAL Edirector, page shauld be fill		22d. PHYSICIAN'S NAME (Type) Rob	ert		lawer, M.		22e. AD0			ical Center Health, Bet				
OSF e 4 UNE octor	230		23b. DA				OR CREMATORY			CATION (City or Town)	(County)	(State)		
Pag Aire	B	REMOVAL (Specify)		ril 8			l Memor	ry		anassas, V				
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR Baker Fu	nera	al Hom	e Manas			250 PRO P				Ma .		
		4 duenn	المصار	1001	Real			DULP.						



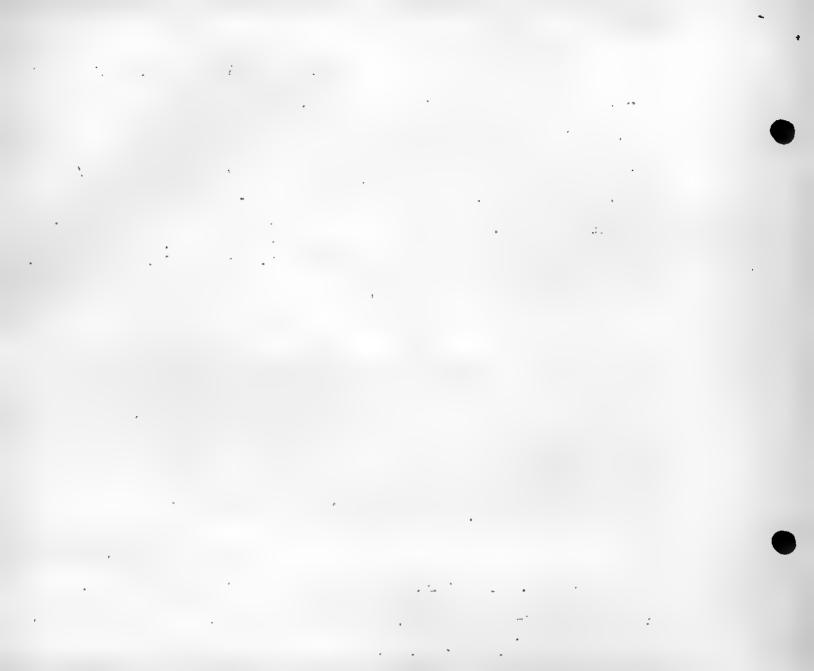
1							ALE DEPARIM					
	(	5768		DIVISION C	OF VITAL RECO		w. PRESTON STR IFICATE OF		ORE, MARYLA		763	
		ASED-NAME	First		Middle		Last		2g. DATE OF DEATH	0.0	103	2b. HOURA
		e or print)	Willie	770	Henry		Towns		April	onth 28°	1989	9:10 M
ŀ	SEX		***********	4 RACE	ment y		S. DATE OF BI	DTH		E (In years	IF JNDER I YEAR	IF UNDER 24 HRS.
ľ	, JEA	Male		Neg	ro			ptember	1	b rthday) YRS.	MONTHS DAYS	HOURS MIN.
ŀ	n. Bil	THPLACE (Stote	or foreign		WHAT COUNTRY?	8.44	RIED NEVER MAR		COUNTY OF DEAT			
ľ	NO	rth Car	olina	US.				CED	Montgo			Md.
ħ	0. CIT	OR TOWN OF	DEATH	10.	NAME OF HOSPITA	L OR INSTITUTIO	N (If not in haspital	12g. USUAL C	OCCUPATION (Kind	af wark dane	12b. KIND OF	
		thesda					iter, NIH	during most	of work no life, a	en if retired }	INDLSTRY	
1	30. U.	UAL RESIDENCE on) STATE Shingto	(Where decease $\mathbf{n}$ , $\mathbf{D}$ , $\mathbf{C}$ .	d lived, if insti	tution: Residence	1		YES NO NO			nois Ave	nue, NW
-		HER'S NAME	First 111am	Middle Mat:	thew	Towns		IDEN NAME First Henrie	tta	Middle	Dav	lost
ŀ	lóa W	AS DECEASED EV	ER IN ILS ARM		16b. SOCIAL SEC	URITY NO.	17. INFORMANT BE	thesda,	Marylan			
Ļ					237-03				ords, Th	e CTIN		ter,
ĺ	1.	BART I DEAL	ATH (Enter only	one couse per	line for (a), (b),	and (c)) $ {f R} $	spiratory Middle L	, failur	e with		BETWEEN OF	NSET AND DEATH
П		FAKI I. DEAI	IMMEDIA:	E CAUSE (a)	probable	Right	Middle Lo	be Pneu	monia		2 We	eks
П		1/6.0 anditions, if any	hish amus S		R AS A CONSEQUEN							
1	ri	se ta immedia	le cause (a).	(b)	Cryptoco	ccosis					2 We	eks
	5	oting the unde	rlying couse		R AS A CONSEQUE Sezary S		e, and My	cosis Fu	ngoides		4 Ye	ars
ı	-	ART 2. OTHER SI	GNIFICANT CON	5 /			TED TO THE TERMINAL			RT 1(a)		
ı												
İ	CERTIFICATION	DATE OF OPER	ATION 19b. C	ONDITION FOR	WHICH OPERATION	WAS PERFORME	D 20o. AUTO	PSY?			CONSIDERED IN CI	RTIFYING
	Ĕ						YES 🔀	NO 🔲	CAUSES OF D	16		
	2	o. ACCIDENT W	AS UNDERLYING	21b. TIME HOUR A.F	OF INJURY M Manth Day		To HOW INJURY OCC	URRED (Enter no	ature of injury in P	art i or Port 2,	Item 18.)	
		OR CONTRIBUTING feither, natify i	medical examin	er) P.I	И	19						
-	į ai	ia. INJURY OCCI Vhile Nat wl wark at wa	rk 🔲				21f LOCATION Stree		City ar Tox		County	State
	2	2a. I certify	thot (X) (this	hospitol) a	ttended the d	eceosed fro	n <u>'7 April</u> , and that in (160	, 19_69	L, to 28 A	<u>pr41</u> , 19	69_, that	XIX (we) lost
ļ		saw the	deceased ali lated above	ve_on <u>_<o< u=""> .60 (we) (di</o<></u>	q) (qiqqqq) vie	w the bady (	., and thot in (1962) Ifter death.	y) (our) opinio	an death occur	ed on the d	ate and haur	and fram the
	2	2b. SIGNATURE	_	44 (110) (01	0)(0000)					220	DATE SIGNED	
l	-1	Ti	te. 1	Hon	ea	17.0	DEGREE PHYS.	IG MED.  DIRE	CTOR PHY	X 3	O April	1969
	2	d. PHYSICIAN'S	-1/						linical	Center	Nation	al
	_	NAME (Type)	1000		sen, M.1				f Health		esda, Md	. 20014
	23a E	URIAL, CREMATIC	N, 23b. D		23c NA		Y OR CREMATORY	. 2	23 / LOCAT ON (Cit		(Caunty)	(Stote)
1	13	EMOVAL (Specify	10	-2-6		irmo	y lime	Gra C	Mandoe	LU,	(1) d:	
	24. FL	NERAL DIRECTOR	A P	.0.	1400 CA	Wy Str	11 LL hw	2Sa REC'D BY R	5 1969	b. REGISTRAR	S SIGNATURE	ec
1	L	1.4.	- COLLINS	WC0	While	11-14 JA-2		UARKI (A) Y	וכמכו ש	No.	1	

DE

1 1	- 1	1	1tem7 FilmG41 05769	1 7/1/ DIVIS	69 kk ION OF VI	MARYLAN TAL RECORDS,	301 W. PR	ESTON STREET, BAL	HEALTH IIMORE, MAR	YLAND 2120	1 05	m (r. )
1							CERTIFICA	TIE OF DEATH			0.5	764
5	deah.		DECEASED-NAME (Type or print)	First Edythe	7	Middle Margaret	T.	lost irner	20. DATE OF	11 - 15	28% 198	2b. HOUR
		3. 5		4. RA		Margarer		DATE OF BIRTH	A	6 AGE (In years		
	v the Pages		Female		White	e		9-17-92		last birthday)	YRS. MONTHS I	DAYS HOURS MIN
•	4 hours oers. Property	19	BIRTHPLACE (State or fore and intro) Williams Discourse	n 7b CITIZ	ZEN OF WHAT	COUNTRY?	8 MARRIED [ WIDOWED [	NEVER MARRIED <b>E</b> DIVORCED	9. COUNTY OF			Md
	be executed within 24 hours after affection of the land of the lan	10	city or town of death  Takoma Pa		Wast	of Hospital or in	San & H	inhaspital 120. USU OSPITAL during n	A. OCCUPATION	(Kind of work di	eno Ha	ID OF BLSHTESS OR RY State
	arhplete arhplete event,	130 odn	USUAL RESIDENCE (Where nission) STATE Md.	leceosed fived,	if institution COUNTY MOT	Res dence before	13c (ITY OR 1 Takoma	OWN 13d INSIDE CTY	LIMITS? 13e STI	FET AND NUMBER	3	Md
	a La Sun	14	FATHER'S NAME First		Middle	Lost	15	MOTHER'S MAIDEN NAME	First	Mrddi	e	Lost
	cien of and in	L	Dav		н.	Turner		Eliza				hrer
	requires that the death certificate globysicians signed by the attending physicians burial transit permit. Then pleas burial, crematian, ar remayal, and	160	Yes, no, ar unknown) Jiry No	S ARMED FORC	of service)	b social security 031-28-86		ORMANIMay C. S.	Jurner -	710 Map		akoma Pari
	s that the death certification to an interest of the attending physical transit permit. Then place, cremation, ar remayal,		18 CAUSE OF DEATH (En PART I. DEATH WAS	ter on y one co AUSED 8Y	use per line f	for (o), (b), and (c)	1 01d at	nt. & post. & Pneumoni	infamot	ion	AP	PROXIMATE INTERVAL VEEN ONSET AND DEATH
	attern ermi	П	4409			CONSEQUENCE OF		& Phedmoni	LIS			L_day
the o			Conditions, if any, which	gave)				Diabetes M	ellitus	. Gall S	Stones	
	tha an by tran cren		rise to immediate couse stating the underlying c		E TO, OR AS A	CONSEQUENCE OF						
	equires the physician signed by burial trafter burial trafter burial trafter burial trafter burial trafter burial, cre-	1	lost	<del></del> )				r Disease				
7	require phy or sign e burn	_	PART 2 OTHER SIGNIFICAT	IF CONDITIONS	CONTRIBLIEN	G TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OR	CONDITION G VEN	IN PART I(o)		
3	ICEAN: The low re pital ar attending rtificate has been d far use as the af Health priar ta	CERTIFICATION	19g. DATE OF OPERATION	1%. CONDITIO	N FOR WHICH	OPERATION WAS PE	RFORMED	20a. AUTOPSY?  YES ☐ NO ☑	CALIFEE	YES, WERE FINDIN OF DEATH?	IGS CONSIDERED	IN CERTIFYING
	I ar of are har use in use		210. ACCIDENT WAS UND		5 TIME OF IN		21c HOV	/ INJURY OCCURRED (Ente		n Part 1 or Par	† 2, item 18)	
	HYSICIAN: 1 haspital ar s certificate ached far us apt. af Healt	MEDICAL	OR CONTRIBUTING CAUSE	examiner)	P.M.	Month Day Year 1	9					
	S PHYSICIAN: the haspital or this certificate detached far u e Dept. af Heal	*	21d INJURY OCCURRED While tot while to at work					ATION Street or R.F.D. No	/	or Town	Yanto	State
	DING I by the After the be de State		22a. I certify that (I saw the deceas	) (this haspi	ital) attend	ed the deceas	ed fram_	that in (my) (bur) ap	5 U, ta L	corred on the	19 <u>64</u> , t	that (i) (we) last
	ATTENI etained CTOR: A shauld rith the		causes stated a	bave, (1) (w	re) (did) (di	dnot) view the	bady after de	ath.		CONTEU UN IIII	e ugre une ne	TOL BUG HOUR FUE
	AL OR ATTENDING y be retained by fl L DIRECTOR: After age 3 should be d filed with the State		22b SIGNATURE-	州)	il of	ohn, 9	M / DEGREI	ATTENDING PHYS	MED DIRECTOR	STAFF PHYS,	22c DATE SIGNED 4/28/6	
	TO HOSPITAL OR ATTENDING PH. Page 4 may be retained by the h TO FUNERAL DIRECTOR: After this director, page 3 should be detact should be filed with the State Dep		22d. PHYS CIAN S NAME (Type)	has_	H.\	N.L.	HIN	22e ADDRESS 831 Unic	. Blud.	E., 5i	lver Sp	ring. Md.
	Page TO FUN direct shauf	230		May 2.	1969	Oakdal	cemetery or c e Cemet	ery	Crook	(Cty or Town)	innesot	(State)
	VR A 5 14 45M 1 769	200		Glen Co whreu	irter Inc.	8434 AGES	rgia Au	enue MAYOU	2°1969	25) BEGISTR	ADS S GHATURE	Less.

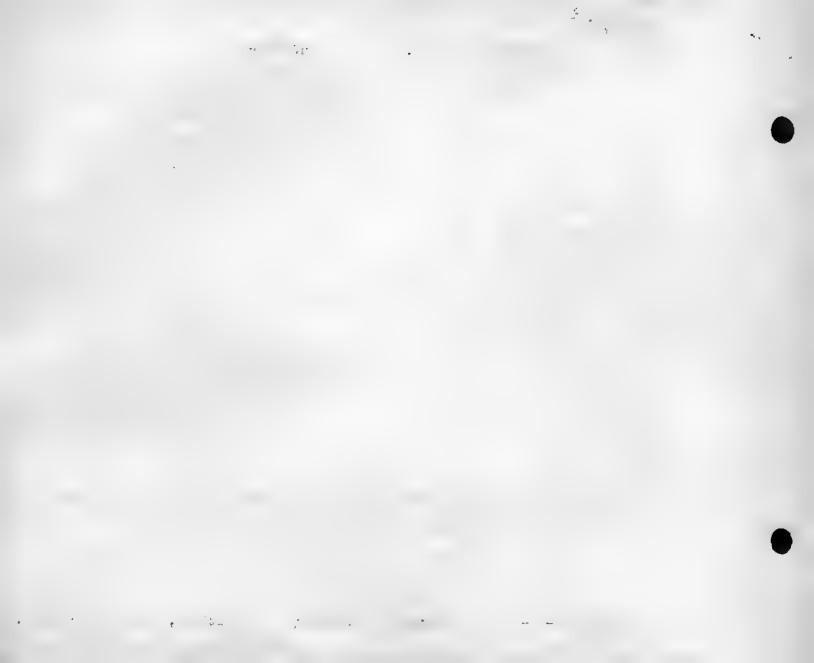
.

MARYLAND STATE DEPARTMENT OF HEALTH





	1	•			DEPARIMENT OF			
74		05772	DIVISION OF VITAL R				D 21201	767
					ATE OF DEATH		0.0	101
urs after deoth.  the funeral ages 1 and 2 surs after deoth.		ECEASED NAME (ype or print)	Robert	ddle G	Irunk	20. DATE OF DEATH	onth Doy,	Yeor 15.5 M
fund 1 c	3. 5	X J	4 RACE	o con	S. DATE OF BIRTH		(In years   If UNO	DER YEAR IF UNDER 24 HRS
24 hours after death for the funeral forms of the funeral for the funeral forms of the forth for the		m	Can		5/1/	98 1052	YRS. MONTHS	
1 19 TO	70	BIRTHPLACE (State or foreign	76. CITEZEN OF WHAT COUNTR	Y? 8 MARRIED	NEVER MARRIED	9 COUNTY OF DEATH		
	100	D. U	71.5A.	WIDOWED [		mont.	a am Con	Md
.s <b>* 3</b> * .	, 10	TITY OR TOWN OF DEATH	11 NAME OF MOS give street addre	PITAL OR INSTITUTION (IF no	ot in hospital 120. U. during	SUAr OCCUPATION (Kind of bost of warking life, evi		KIND OF BUSINESS OR
arbodur.	130	SUAL RESIDENCE (Where der	eased lived, if patitution Reside	nce before 13c, ATY OR	TOWN 13d INSIDE CIT	YUM TS? 13e. STREET AN	D NUMBER	
physicion.  signed by the attending physician and completely filled burial-tronsit permit. Then plasse remove carbon burial, cremotion, or removal, and in ony event, within	odn	ssiont STATE	e 136 969 170 nh	Del	resta YES [	NO 176 01	Tun	Conn CT
	14	ATHER'S NAME FIST	7/2 Middle 7/	Lost IS	. MOTHERS MA DEN NAME	Frst	Middle de 27	Lost
Te sg u	160	WAS DECEASED EVER IN U.S.	IR MED FORCES? 116b SOCIA	L SECURITY NO 117 J	NFORMANT ).	wein a	Address //	2-021 6 2
requires that the death certificate be g physicion. n signed by the attending physicion ge burial-transit permit. Then please o burial, cremotion, or removal, and in		es, no, or unknown	va war or dates of service) 577	-10-7039	mortha	- Tiun	Z.7.6 24	The The
ne death cer attending p permit. The		18 CAUSE OF DEATH (Enter	only one couse per ne for (a), (	b) ond (ε).)				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death attendii permit. ion, or ri		PART I. DEATH WAS CAU	ISED BY. DIATE CAUSE (0) META.	STATIC (	CARCINO	MA		3 MONTH
atte	1	1538	DUE TO, OR AS A CONSE					
the the rotic		Conditions, if ony, which go	(1) (b) PRIN	MARYCA	RCINOMA	7 Colon	/ 2	3 - Y MU-572
tha by fon rem		nse to immed ate cause (a storing the underlying cou	//					
sició sició al-t		last.	(c)			0		
equires that the physicion. signed by the burial-transit burial.		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELATED TO	THE TERMINAL DISEASE O	R CONDITION GIVEN IN PAI	RT 1(o)	
ing ing the to	I z							
endin endin s beer as the	FECATION	190. DATE OF OPERATION 1	6 CONDITION FOR WHICH OPERAT	ON WAS PERFORMED	20o AUTOPSY?		ERE FINDINGS CONSIDE	RED IN CERTIFYING
The off har har the pth p	CERTIFE		CARCINOMA	1 COLOW	YES NO	CAUSES OF DEA	'IH?	
VN: I or cate or u		210 ACC.DENT WAS UNDER.	YING 215 TIME OF INJURY	21c. HC	OW INJURY OCCURRED (Fr	iter nature of injury in Po	it I or Port 2, Item 18	8.)
A Barting	MEDICAL	(If either, notify medical exa		Year 19				
OR ATTENDING PHYSICIAN: De retained by the hospital or IRECTOR: After this certificate e 3 should be detached for a	N N	1111114 1111111111111111111111111111111	le. PLACE OF INJURY ( AT HOME, FAI	M, STREET FACTORY,) 21f. 10	CATION Street or R.F.D.	No City or Town	n (our	nty State
de d		at work at work	this haspital) attended the	december of frame	JAN 19	500 511	10 / 2	Ab-4 (1) () b
Aft de State		saw the deceased	give on MPRL	519 <u>67</u> , and	d that in (my) ( <del>our)</del> a	S //, ta //	ed on the dote on	_, that (I) (we) last id haur and from the
oulcon the		causes stated abo	ver(1) (we) (did) (did not)	view the body after a	leath.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a a	a naor and manifelia
With Section All		22b SIGNATURE			ATTENDING	MED CO STAFF	22c. DATE SJ	GNED 1
DIR be	1		- Jonn	N2 DEGR	EE PHYS	DIRECTOR PHYS	4/3	20 /69
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. of Health priar to burial, cre-		22d PHYSICIANS NAME (Type) DR 4	AO I DONOV	AW	8212 W	13 compiler x	ave Bet	THESDA
UNI UNI Surfo	230	BUR AL CREMATION, 23	b DATE 23c.	NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City	or Town) /for	onty) (Stote)
o Pogorial		REMOVAL (Specify) Cremation 4		edar Hill C			,	eorges Co.M
141	24	FUNERAL DIRECTOR JOS	EPH GAWLER'S SON, II	CADDRESS	2So. REC'D	BY REGISTRAR 258	<del></del>	
VR A15 (4) VR 45M - 1 (8)	1	\$190 WISC	. AVE., N. W. WASH., D. C	20016	<b>APR</b>	2 3 1969	(Clanital )	ALC: J.C.

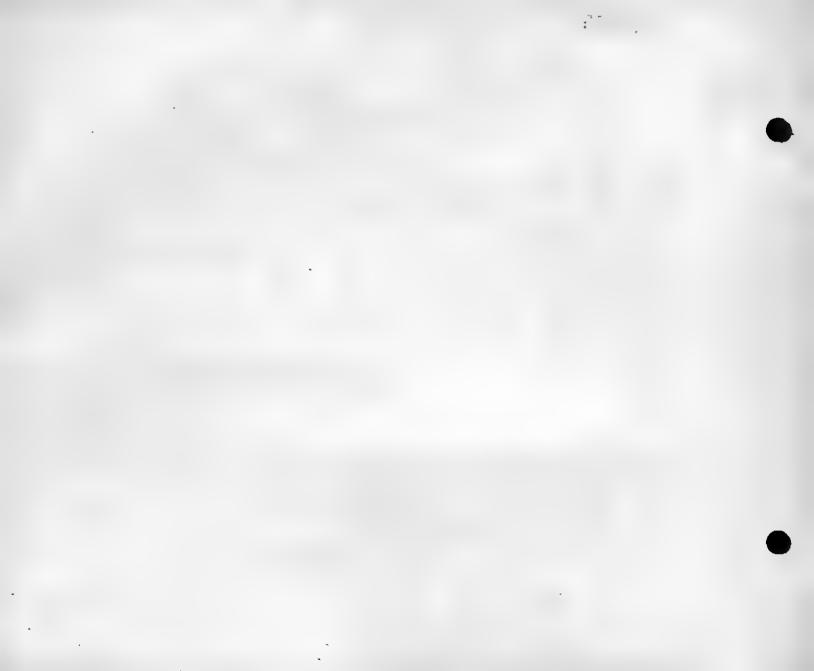


\ .	li .	MARTLAND STATE DEPARTMENT OF REALTH
\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	1	05773 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		CERTIFICATE OF DEATH
	<u></u>	
돌: <u>-</u> 24		March Day Van
erall and 2	,	Type or print) John William Vernon April 11 1969 550 AM
	3 5	
# 12 8 E	1 -	lost buthday) MONTHS DAYS HOURS MAN
A B S		7,100 23,110
- 100 Value	70	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH
The law requires that the death certificate be executed within 24 haurs attending physician is that been signed by the attending physician and campletely filled in by the as the burial-transit permit. Then please remove carbon papers. Path priar to burial, cremation, or removal, and a gay event, within 72 hours.	ca	District of Col. America WIDOWED DIVORCED Montgomery Md.
b b b b b 7.7		CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 120 USUAL OCCUPATION (Kind of work done 126. KIND OF BUSINESS OR
	10	CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120 USUAL OCCUPATION (Kind of work done during most of work malife even if retired.)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work malife even if retired.)  120 USUAL OCCUPATION (Kind of work done during most of work malife even if retired.)
長 ≥5毫~//	11	akona Park Washington San + Hosp. during most of working life, even if retired.) MOUSTRY
ar barber	130	USUAL RESIDENCE (Where deceased lived, if institution Residence before 1/3c, CITY OR TOWN 1/3d INSIDE CITY LIMITS? 1/3e STREET AND NUMBER
ppl ver	adm	135 Maryland 136 COUNTY ROCKVILLE YES NO 16530 EMORY Lane
0.00	$\vdash$	
a / Pit A	14	FATHER'S NAME First Middle C LOST IS. MOTHER'S MAIDEN NAME First Middle Lost
		John Vernon Lula
E SS C	16-	
9 9 9	100	(WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMAN Grace H. Riley Addros ockville, Md.
A C O		(es_no or unknown) (11 yes give were or dates of service) 578-26-3009 (10 yes give were or dates of service) 578-26-3009
nov nov		
ing in		18. CAUSE OF DEATH (Enter only ane cause per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:
and nit	1	IMMEDIATE CAUSE (a) Cesebrat pascular decollent 3/ days
n, atte	1	DUE TO, OR AS A CONSEQUENCE OF
e e = = = = = = = = = = = = = = = = = =		Conditions, if only, which gove)
te the state of th	1	rise to immediate couse (o). (b) Live Thomas of the course (o).
E zg gr si		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
al, le		[lost. ] {c]
hys aric		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
t: The law requires the ar attending physician te has been signed by use as the burial-translab physicial creations.		(,
r the	8	
D P P P P P P P P P P P P P P P P P P P	Ī	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
tre se s	CERTIFICATION	YES NO KY CAUSES OF DEATH?
e i i i	8	21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Part 2, Item 18.)
A Cal		TOR CONTRIBUTING TI CAUSE OF DEATH HOUR AM. Manth Day Year
日後海道	MEDICAL	(If either, natify medical examiner) P.M. 19
St. Feer of St.	差	Character County County Care County C
E d is is be	1	
OR ATTENDING PHYSICIAN: be retained by the hospital ar SIRECTOR: After this certificate e 3 shauld be defacthed for the		kti wark ar work — I
the factor of th		22a. I certify that (I) (this haspital) attended the deceased from \$14, 1965, to Capacity, 1969, that (I) (we) last saw the deceased alive an appear to 1962, and that in (my) (aur) appnian death occurred an the date and haur and from the
G A G	1	saw the deceased alive an Communication (my) (aur) apinian death occurred an the date and haur and from the
E S S E	1	causes stated abave, (I) (we) (old hat) view the bady after death.
A a c a a a	1	22b. SIGNATURE 22c. DATE SYMED /
A S S S S S S S S S S S S S S S S S S S		Philip & Jones M. D. DEGREE PHYS DIRECTOR DIRECTOR DIRECTOR 1 4/11/69
	1	
AL AL Po	1	22d. PHYSICIAN Philip E. Jones MD 22e ADDRESS 800 Pershing Dhirl 20010
<b>E</b> 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		The state of the s
S C S	230	BURIAL (REMATION, 236 DATE 230 NAME OF CEMETERY OR CREMATORY 236 LOCATION (City or Town) (Cajoty) (Stote)
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours often death?  Page 4 may be retained by the hospital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the remeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health priar to burial, cremation, or removal, and an apprevent, within 72 hours after death.		DESERVAL (Spacific)
5 5		
VR A 15/14)		Carry Correct Correct Correct Contraint Contraint Contraint Contraint
30M REV 1768	16	erner E. Pumphrey, Inc. Silver Spring, Md. DATAPR 17 1969 Victimilar Judge -
¥13/8	<b>=</b>	



		1			D STATE DEPARTMENT OF		
			05774 DIV	VISION OF VITAL RECORDS,	301 W. PRESTON STREET, BA	LTIMORE, MARYLAND 21201	0576
K			00112	(	ERTIFICATE OF DEATH	1	
-	د د.	1. [	ECEASED NAME First_	Middle	Waldroniost	20. DATE OF DEATH	2b. HOUR
	funeral s 1 and 2 ter death.		Type or print) REDTLA	1	300000000000000000	4 Month /3 Doy	(6 Your 9:30 PM
	r da	3 5	DENINE	RACE			0
	ors after a	"	Frankla "	1	S. DATE OF BIRTH	6 AGE (in years last birthday)	MONTHS DAYS HOURS MIN
	by the state of th	-	/ EMAIL	WhILE	April 11.	10/) 17 183.	
	yd ni sign	70. COL	BIRTHPLACE (State or foreign 7b intry)	CITIZEN OF WHAT COUNTRY?	8 MARRIED MEVER MARRIED	9 COUNTY OF DEATH	
	n 24 ho filled in papers, hin 72,			USA.	WIDOWED DIVORCED	MON/YOHFR	/ Md
	vith n 24 ly filled to born paper within 72		ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INS	TITUTION (If not in hospital 12a E	SUAL OCCUPAT ON (Kind of work done	126 KIND OF BUSINESS OR
	ed with		Purtonsville	give street address)	atla Road during	mast of warking life, even if retired )	industry own home
	d v	13a	USUAL RESIDENCE (Where deceased his	ved, if institution Residence before	13c CITY OR TOWN 13d INSIDE CT	TY LIMITS? 13e STREET AND NUMBER	0 11 1 10 11 1
	e executed with and campletely remove carban n any event, with	adn	iss on) State land	36 COUNTY ontgomery	Burtonsville YES	NO 3408 Greencas	tle Road
	and com	14.	FATHER'S NAME First	Middle Last	15 MOTHER'S MAIDEN NAME		Lost
	OR ATTENDING PHYSICIAN: The law requires that the death certificate be-executed within 24 hours after death be retained by the haspital or afterding physician.  **INECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral etc. Should be detached for use as the burial-transit permit. Then please remove carbon papers. Peges I and sed with the State Dept. of Health priar to burial, cremation, ar removal, and in any event, within 72 hours after death		August	Erdmann		riette	Erdmann
	ertificate by physkian to the pease oval, and or	160	. WAS DECEASED EVER IN U.S. ARMED F		O 17 INFORMANT	910 Addressda	lbarn St.
	fica Ys ic		es, no, or unknown) (1 yes give wor or do			11'NY LAMINOCOCCOCO	
	ph ph nove	-	AVO		VINKY L CONX	21 NY 4 A 14 1 8000000000	APPROXIMATE INTERVAL
	ne death certifii attending phys permit. Then p ian, ar removal		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	e cause per line for (a), (b), and (c))	011	1,	BETWEEN ONSET AND DEATH
	aftendi aftendi permit. Ian, ar n		IMMEDIATE CA	AUSE (0) IMMO CAR	DIAL TWO ARC	-Mon	
	aff aff per jan,	1		DUE TO, OR AS A CONSEQUENCE OF		7	
	the the safe		Conditions, if only, which gave ) rise to immediate cause (a) (	(6) HOCKIOSCI	erotic HEAR	DISCARO!	
	the by Ere	1	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	A		
	equires that the death certific physician. signed by the attending physibural-transit permit. Then burial, crematian, ar removal,		last	11) ARTERNORO	12099		
	phy sign rruc		PART 2 OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE O	R CONDITION GIVEN IN PART 1(a)	
	ng en se tak	22					
	haw bed s #	100	19a. DATE OF OPERATION 19b. COND	ITION FOR WHICH OPERATION WAS PER	FORMED 20a AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	he atte	CERTIFICATION			YES NO	CALIFEE OF DEATUR	
	ar ar		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		nter nature of injury in Part 1 or Part 2, It	em 18 \
	Tale Signature Tale S	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	HOUR AM Manth Day Year		na na ore or many ne ran 1 or ron s, n	on 10.7
	ISPUS PER T	APP.	(If either, notify medical examiner) 21d INJRY OCCURRED 21e PLACE	P.M. 19 E OF INJURY / AT HOME FARM, STREET, FACT	ORY.) 21F LOCATION Street or R.F.D. I	AL	6
	PH be he had		While rm Not while rm	E OF INJURY ( AT HOME FARM, STREET, FACT OFFICE BUILDING, ETC	217 LOCATION STEED OF RED	No City or Town	County State
	1		d. HOLK BLASSE	( b			
	be State		220. I certity that (I) (this ha	spital) attended the decease	d from 19	67, to April 13, 19 opinion death occurred an the dat	69, that (I) (wa) lost
	R: Ned		causes stated above (i)	(we) (did) (did not) view the h	ndv after death	plinion dearnwoccurred an the dat	e and hour and from the
	A State of the sta	Н	22b SJGNATORE	1)	ed) erior dealin	22c D	ATE SIGNED
	d v SEC	Н	Print.	Track Air	DEGREE PHYS	MED STAFF	12-10
	y by		240 PHYSICIAN S	MANO INC.	22e. ADDRESS	DIRECTOR LI PHYS. LI	15.65
	RAI PER		NAME (Type) BURNOL	n H. Johnson	14140 SAM	nda Springs Rl. K	up persuille.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burnal-transhould be filed with the State Dept. of Health priar ta burnal, creating the contraction of the contraction o	23a	DUD AL CDEMATION 225 DATE				W
	D G G G G G G G G G G G G G G G G G G G	230	REMOVAL (Specify) April		emetery or crematory incoln Cemetery	Bladensburg, Mar	(County) (State)
			FUNERAL DIRECTOR arter ( Pr	Annaecc	,		CHATURE
	VR A15 H	1	, , , , , , , , , , , , , , , , , , , ,	ancara, 8434 Gen	tava riverpue		
	43W - 13 88	<u> </u>	arner E. Pumphrei	1, Inc. Silver Si	ring, Md. DAPR	17 1969 / Charle	A Jack

	05775	DIVISION OF				IMORE, MARYL	AND 21201	0 = 1	
	0000		CE	RTIFICA	TE OF DEATH			05770	)
	CEASED-NAME Firs	IAN	Muddle O	Ш	1AISH	20. DATE OF DEA		19 Year	2b. HOUR
3 SE	TEMALE	4 RACE WI	HITE	S	DATE OF BIRTH /2/22/17	6.	AGE (In years ast bushday) YRS.		F UNDER 24 HRS. HOURS MIN.
7o. { cour	IRTHPLACE (Store or foreign try) NEB.				NEVER MARRIED	9 COUNTY OF DE	COME	RU	Md.
61	IVER SOLING	give	street oddress) Holl	Coss	HOSO during mi	est of working bife	even if retired )	12b. KIND OF BI	ISINESS OR
13o odm	USUAL RESIDENCE (Where decer ssion) STATE	13b/ COURPL	on, Residence before	3c. CITY OR TO	NILE YES NO	MITS? 13e STREET		ston A	VE
14. F		Meddle	Lost	15. N		irst	Middle		Lost
									n
160. Y	WAS DECEASED EVER IN U.S. AF		166. SOCIAL SECURITY NO Les			Beltsu		ryland	
	PART I, DEATH WAS CAUS	ED BY:	line for (o), (b), and (c))	state	- Acles	-b-can	- Cong	APPROXIMA OFTWEEN ONS	TE INTERVAL ET ANO GEATH
	1	DUE TO, OR	1 1 2			Dues		141	247
	rise to immediate couse (a), stating the underlying cause	(b)		the the	chair y	J Var	9		
	—	) (c)	UTING TO DEATH BUT NOT	DELITED TO T	IC TERMINAL DISTASS OR	ONDITION CHIEN IN	DARK I/-I		<del></del>
	PART Z. OTHER SIGNIFICANT CO	The server	- 1			ONDITION STREET IN	PAKI I(0)		
IFICATION	190. DATE OF OPERATION 198	condition for wi	HICH OPERATION WAS PERF		20o. AUTOPSY?			ONSIDERED IN CER	TIFYING
				21c. HOW	M()	r nature of injury in	Port 1 or Port 2,	Item 18.)	
DICA EA			. 19						
ME	21d. NJURY OCCURRED 21d While Not while at work	e. PLACE OF INJURY	AT HOME FARM, STREET, FACTO OFFICE BUILDING, ETC	RY.) 21f LOCA	TION Street or R.F.D No	City or	lown	County	Stote
	22a I certify that (!) (\$	al've an	<u> </u>	62, and t	hat in (my) ( <del>our) </del> opi	<u>කි</u> , ta <u></u> nian death acci	Z_3, 19 urred on the do	65, that (	l) <del>(we)</del> last
	couses stated abov	ve, (I) (we) (did)	(did not) view the bo	idy after dec	ith.				
	22b SIGNATURE	Z	1 Store	DECREE	ATTENDING 10 M	IED S	AFF D 225	DATE SIGNED	>
	22d PHYSICIAN'S	c-cecal	2	- Stoke	22e. ADDRESS	IKECIUK L. P	n - //	7/67	
		Lennard (	Gold		1	aia Aven	ne. Silv	er Sprin	a. Md.
230.	BURIAL, CREMATION, 236	. DATE					, ,	(County)	(Stote)
	terauson e 11	pril 4.	1969 Fort 2	incoln	Crematory	Prince	Georges	County.	Md.
24 We			V1384348888	egia Hu	Md 250 RICO B	1. 1 1969	LCLCON	SIGNATURE	L.
	70. 8 count of the	70. BIRTHPLACE (State or foreign country)  10. (ITY OR TOWN OF DEATH  11. (ITY OR TOWN OF DEATH  12. OTHER S NAME  14. FATHER'S NAME  15. CAUSE OF DEATH  16. WAS DECEASED EVER IN U.S. AF YESAPO, OF UNKNOWN)  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIATE TO IMME	1. DECEASED-NAME (Type or print)  3 SEX  FINALE  70. BIRTHPLACE (State or foreign or outly)  10. CITY OR TOWN OF DEATH  11. FATHER'S NAME  13.0 USUAL RESIDENCE (Where deceased lived of institute odmission)  14. FATHER'S NAME  15. COURTE  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  Yes And, or unknown)  18. CAUSE OF DEATH (Enter only one couse per law mediate couse of the part 1. DEATH WAS CAUSED BY:  18. CAUSE OF DEATH (Enter only one couse per law mediate couse (o), stoting the underlying couse (b), stoting the underlying couse (c), stoting the underlying couse (c), stoting the underlying couse (d), stoting t	DECEASED NAME (Type or print)  3 SEX  ***FMAIL**  10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTE  13 USUAL RESIDENCE (Where deceased lived of institution, Residence before 1 13th COMPAN AND COUNTRY)  14. FATHER'S NAME  15. CAUSE OF DEATH  16. WAS DECEASED EVER IN U.S. ARMED FORCES?  YEARD, Or unknown)  18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF conditions, if any, which gove trise to immediate cause (o), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT the conditions of work while while while of work o	DIVISION OF VITAL RECORDS, 301 W. PRE CERTIFICA  1. DECEASED-NAME (Type or print)  7. DECEASED PURPORE (Type or print)  7. DECEASED PURPORE (Type or the print)  7. DECEASED PURPORE (Type or unknown)   DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT.  CERTIFICATE OF DEATH  I. DECEASED-NAME (Type or print)  Jost  J	DECEASED-NAME	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYTAND 21201  CERTIFICATE OF DEATH  1. DREASED-NAME [Type or pinn]  3. SEX  #MAIL  4 BACE  5 DAYE DE BASTY  5 CHIZEN OF WHAT COUNTRY?  8 MARRED  4 BACE [MIN Hondih	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201  CERTIFICATE OF DEATH    DOUBLE   D	



	MAKILAND STATE DEPARTMENT OF HEALTH	
1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2'	1201
•	05776 CERTIFICATE OF DEATH	05771
. 67.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH	2b. HOUR TO
er death funeral 1 and 2 ter death	(Type or pint) Month	Doy Year
ab ab ab	Charles Allen Walters April 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In y	41.33
1 2 2 E	lest birthe	OY) MONTHS DAYS HOURS MIN.
± 80 ℃	Male White 3 January 1928   41	YRS.
2 20 S	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
n 24 hours. Illed in brapagers.	North Carolina U.S.A. WIDOWED DIVORCED Montgomer	·y Md.
Iled pap	TO STAN OF TOUR OF DEATH OF MANY OF MODIFIED OF MODIFIED AND STAN OF MOD	rk dane 12b KIND OF BUSINESS OR
一 一年 一年 一年 一年 / ・・・・・・・・・・・・・・・・・・・・・・・・	Bethesda The Clinical Center, NIH	retired ) INDUSTRY
requires that the death cetificate lie executed with graysician.  I signed by the attending physician and campletely burial-transit permit. Then please remaye carbai burial, arematian, ar removal, and in any event, with	130 USUAL RESIDENCE (Where deceased lived if institution Residence before 130 CITY OR TOWN 133 INSIDE CITY JM 152 138 STREET AND NU	MBER
4 Pag 7	lodmission) STATE 13% COUNTY	
2	NOTE CATOLINA	Middle Last
and re-	THE STATE OF THE S	Maggs
an and i	Barney Walters Maude  166. WAS DECEASED EVER IN U.S. ARMED FORCES?   166 SOCIAL SECURITY NO   17. INFORMANT The Medical Record A	
Sicion (	The state of the s	
phy en en	No 242-40-2120 The Clinical Center, Min, I	Bethesda, Md. 20014
D 00 € E	IB CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	BETWEEN ONSET AND DEATH
ndii ndii	PART I. DEATH WAS CAUSED BY:  Congestive Heart Failure  Congestive Heart Failure	2 weeks
offer ern	DUE TO, OR AS A CONSEQUENCE OF	
atio	Conditions, if ony, which gove) A Disseminated Malignant Melanoma	3 years
hat Y fl	rise to immediate couse (a).  stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
# # # # # # # # # # # # # # # # # # #	lost. (t)	
uire hysi gne srid	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(	0)
d poly		
tending as been as the prior to	190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b IF YES, WERE F	INDINGS CONSIDERED IN CERTIFYING
The loaten pattern has be see as the price	190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE F CAUSES OF DEATH?  21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 c	Yes
든 모 수 있 는 /	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 c	
AN: al a kate for Hea	216. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 216. HOW INJURY OCCURRED (Enter nature of injury in Port 1 c	A FOR 2, Rem 16.)
日本語書	The fitter notify medical examiner 1 P.M. 19	
HYS has has riche riche ppt.		County State
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate ag 3 shauld be detached far us led with the State Dept. af Healt	37.00	
DING by t ffer be o	220. I certify that (M (this hospital) attended the deceosed from 12 April , 19.69, to 14 April saw the deceased glive on 14 April 1969, and that in (MW) (our) opinion death occurred a course's stated above, (H) (we) (did) (did mi) view the body after death.	1, 19_69, that XI) (we) lost
A P A P A P A P A P A P A P A P A P A P	saw the deceased alive on 14 April 1969, and that in (AV) (our) opinion death occurred o	n the date and hour and from the
ATTER etaine CTOR: shault	couses stated above, (H) (we) (did) (diagram) view the body after deom.	22¢ DATE SIGNED
R ATTEND retained retained 3 shauld with the S	226 SKGNATURE THE STAFF E	¬
OR be r	There is a second of the secon	
A Se Proper 1	22d PRYSICIANS NAME (Type) Everett V. Sugarbaker, M.D. 22e ADDRESS The Clinical Cer	nter, National
O HOSPITAL OR Page 4 may be r o FUNERAL DIRE director, page 3 shauld be filed w	Everett V. Sugarbaker, M.D. Institutes of Health,	Bethesda Md. 20014
G G G G G G G G G G G G G G G G G G G	230. BUR AL, CREMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (Gry or To	own) (County) (State)
<b>6</b>	130 SP	RINGS, N.C.
		GISTRAR'S SIGNATURE
VR A15 [4] 30M REV, 1768	W.W. Chambers Co 1400 Chafin Sp mil DATE	Tr. Tr.

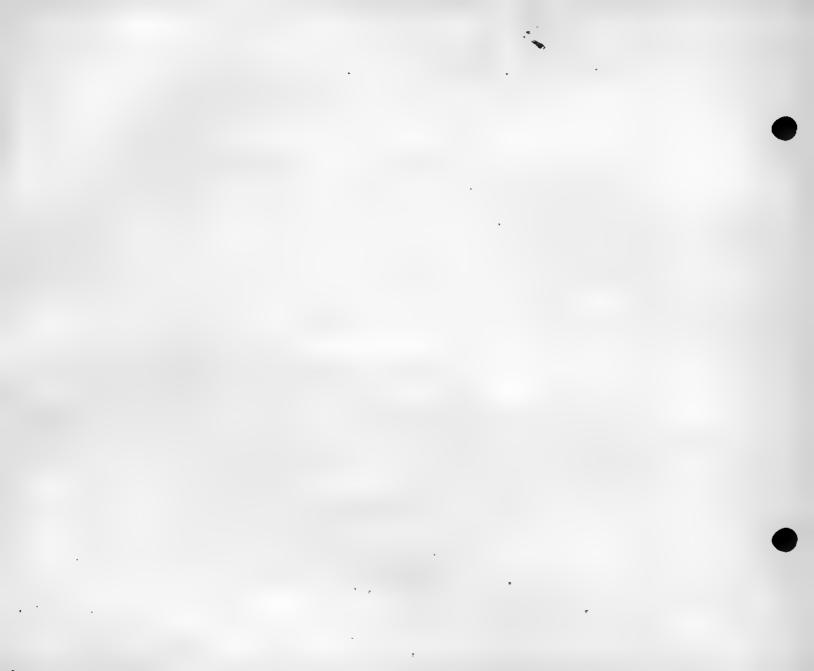


MARYLAND STATE DEPARTMENT OF HEALTH

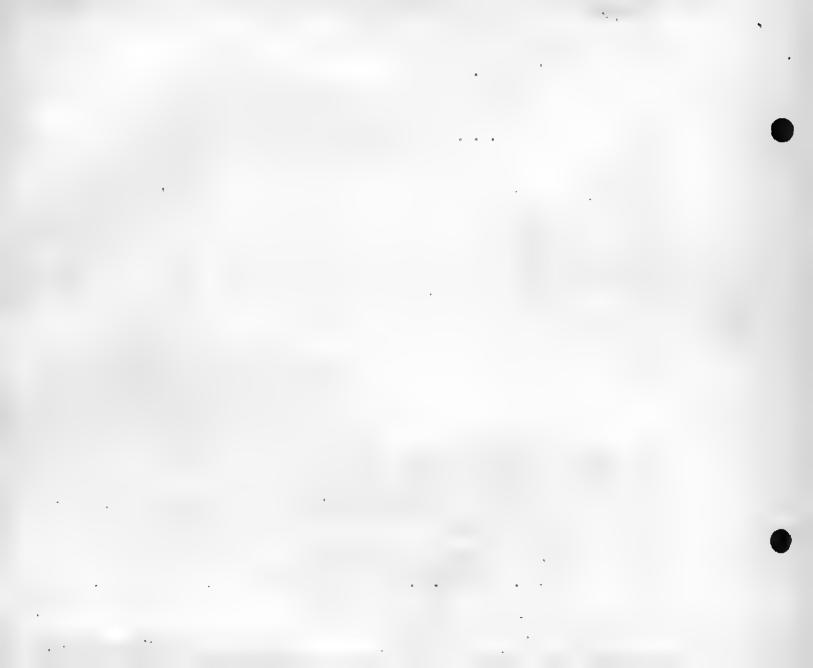




12	Items 18822a Film 412 MARTLAND STATE DEPARTMENT OF BEALTH 5-12-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		05774
HEALTH DEPT.	1 DECEASED NAME 20 Fist Middle Last 20, DATE KNOWN Month C	ay Year 2b HOUR
St of a	Charles Wheeler Wearen DEATH MATED 14	12 1967 // AM
	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER I YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD lost buirhday Months DAYS HOURS MIN. Month Day	Year 2d HOUR
ny de 2, and PM3. Partin	Male Cestate Plov-6 1954 1 lest brinday Months DAYS HOURS MIN. Mapth Day 70 BIRTHPLACE (Stote or fore gn 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1969 /17M
r deoth Sny ve Poges 1, 2, c 3 with form PN the State Depart	COLITY/Wash DC 115A WIDOWED DIVORCED Montoonery	Md
offi toge th fa	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 1)	26 KIND OF BUSINESS OR
Give Poges ong with for the State	Detaland Subustan Hosp Student	iDUSTRY
Is Give Poges 1, 2, with the State De death	130. USUAL RES DENCE (Where deceosed field, if institution Residence before 13c CITY OR TOWN  13d INSIDE CITY JM 35?  13e STREET AND NUMBER  13b COUNTY  13c CITY JM 35?  13e STREET AND NUMBER	,01
5 - % - 3	14. FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Mere.
	Charles R. Weaus Magaist	1051
hin 24 ncil in niner's poges I	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS JET	was 13E
	(Yes, no, or unknown) (Il yes give war or dates of service) Father - Chas & Weaven	
- 111	1B CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY  FOLD A A A A A Company of the company o	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld be executed rd "pending" in Chief Medical transit permit. P y event within	IMMEDIATE (AUSE (a) 1/1 + 4/1 / 1/9	48 hrs.?
be ey 'pen' inef M	DUE TO, OR AS A CONSEQUENCE OF  Conditions, If only, which gave	
	rse to mmed ate (ause (a) stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
This certificate should tate, writing the word be forwarded to the Cl be used as a buriol fire removal, and in any	last.	
s certificate she forwarded to to used as o but smoval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
rifica rifing arde d as	Pneumonitis - Viral 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	Lon AUGODOVO
This certificate, writing be forward a document or removal, a concept of the concept of the certification of the c	WAS PERFORMED?	20. AUTOPSY?
Thrs licate, be for d be a cor rer	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Port 2, Item	
INER: 1 e certific should b files. 3 should intion, a	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH PLACE OF INJURY (At home form street 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21d INJURY OCCURRED 21e PLACE OF INJURY (At home form street 21d INJURY OCCURRED 21e PLACE OF INJURY (AT home form street 21d INJURY (AT h	,
(AMINER: te the certified the tertified of the certified of the confidence of the co		Caunty State
~ = 0 ~ L	AT WORK AT WORK	
DEPUTY CICAL E	22a i certify that I taak charge of the remains described above, held an Autopsy Inspection Inspection Inquiry	ond in my opinion
pleose retained in the blue bor to b	death resulted from: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	J
y, ple y, ple brid di di kat Di prior	ACTUAL  SIGNATURE  SIGNATURE  ASS STANT MED CAL EXAMINER  22b. DATE SNO	GNED
ssory, principle of principle o	EXAMINED'S DEPUTY MEDICAL EXAMINER X CIPATI	13,1869
necessory, the funera 5 may be 10 FUNERA! Health pro	NAME (Type) John G. Ball 7936 Old George tomen(stree addition), or county)	
5 c ± 2 0 ±	Cremation 4/14/69 Cedar Hill Prince George's	County Md.
NO ATSMETE IS	Tyson Wheeler Funeral Home 1391 Rock. Pike 250, REC D BY REGISTRAR 256, REGISTRARS SIGNARY SIG	SNATURE :
VR A15ME (5)	Rockville, Md. DAIM N 13 1000	1



	05780		AND STATE DEPARTMENT OF 1 S, 301 W. PRESTON STREET, BALT					
7	Item#6.FilmG	411 4/18/69 km	CERTIFICATE OF DEATH		5775			
· É - 3-É	1. DECEASED-NAME	First Middle	Lost	20. DATE OF DEATH	2b. HOUR			
e e		NYLA C. WERE	3	APRIL 9Doy	1969 0140			
	3 SEX	4. RACE	S DATE OF BIRTH	6 AGE (In years	IF UNDER EYEAR   IF UNDER 24 HRS			
1	FEMALE	CAUC	05 SEPT 191		6 8 1 40			
filled in by spectra. Propers. Print 72 hours	70 BIRTHPLACE (State or foreign country) Onio	76 CITIZEN OF WHAT COUNTRY? U.S.A.	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH MONTGOMERY	Md			
within 24 ho bon popers.	IO CITY OR TOWN OF DEATH BETHESDA	give street address) NA	VAL HOSPITAL dueing m	U OCCUPATION (Kind of work done ost of working life, even if retired )	126 KIND OF BUSINESS OR INDUSTRY			
be executed within	130 USUAL RESIDENCE (Where de odmission) STATE Penns	eccosed lived if institution. Residence before ylve 1918 OUNTY	re 13c CITY OR TOWN 13d MSIDE CITY LI		iler Park			
axe executed a second	14 FATHER S NAME First	Middle Losi nknown	15 MOTHER'S MAIDEN NAME F		Putt			
ificote hysiciar n pleas roi, and	160 WAS DECEASED EVER IN U.S. Yes, no. of unknown) ( fyes	ARMED FORCES? 166 SOCIAL SECURI 224 – 28		Address				
bing PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death by the hospital or attending physician.  After this certificate has been signed by the attending physician and completely filled in by the unread be detached for use as the burial-transit permit. Then please remote carbon papers. Page 2 state Dept. of Health prior to burial, cremation, or removal, and inlang event, within 72 hours are contained.	PART I. DEATH WAS C	18 CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)  Carcinoma breast with metastases						
at the off the off nsit per	rise to immediate cause	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate cause (o),  (b)						
The law requires the aftending physician. hos been signed by se as the burial-troit prior to burial, cre	storing the underlying co	(()						
w required by the physical properties of the phy			NOT RELATED TO THE TERMINAL DISEASE OR C					
PHYSICIAN: The law he hospital or attending this certificate hos bee stocked for use as the Dept. of Health prior the	RITHIO	19b. CONDITION FOR WHICH OPERATION WAS	YES NO 🏝	CAUSES OF DEATH?				
ICIAN: pital or rtificote d for u of Healt	210. ACCIDENT WAS UNDER  OR CONTRIBUTING CAUSE O  Off either, notify medical ex	FDEATH HOUR A.M. Month Doy Ye	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2, II	lem 18 j			
G PHYSICIAN the hospital this certifico detoched for e Dept. of He	21d INJURY OCCURRED While Not while at work	210 PLACE OF INJURY (AT HOME FARM STREET OFFICE BUILDING STC	FACTORY.) 21F LOCATION Street or R.F.D No.	City or Town	County State			
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u should be filed with the State Dept. of Healt	saw the decease	(this haspital) attended the dece d alive an <u>9 APRIL</u> Love, (4) (we) (did) (diduct) view th	ased fram <u>31 MAR</u> , 19 1969, and that in (row) (aur) api ie bady after death.	69, ta <u>9 APR</u> , 19_ nion death accurred an the dat	69 , that (\$\text{de} (we) last e and have and from the			
TAL OR ATTENION bey be retained AL DIRECTOR: A poge 3 should e filed with the	22b. SIGNATURE	a) gin		TAPE (13	April 1969			
ro Hospital Page 4 moy O FUNERAL director, pog should be fil	228. PHYSICIAN'S WAME (Type)	M. D. GORMAN M. D.		pital, Bethesda, 1				
TO HOSPIT Page 4 m TO FUNERA director, I should be	REMOVAL SECTIV)		of CEMETERY OR CREMATORY	23d, LOCATION (City or Town) Selins Grove	(County) Perin.			
VR A15 (4) 45M 1,/69		t A. Pumphrey Func sin Ave., Bethesda,			SIGNATURE			





,	1	1	~ × × × 0.0	חוצונות	MAKTLAN N OF VITAL RECORDS,		DEPARIMENT OF			0.1		
.6			05782	D111310			ATE OF DEATH		MAKILAND 212		577	7
	death.		ECEASED-NAME First Type ar pnnt)	f Limits	Middle		Last	2a. DA	TE OF DEATH			2b HOUR
	une une r de	3. 5		I WEIT	YER		C DIV AS DIAG		Aprilinh3,	1969		9:00p M
	24 hours after of the funder o	3. 3	Male	4 KACE	White		S. DATE OF BIRTH	86	6. AGE (In year lest-birthday)	YRS.	JNDER 1 YEAR INTHS OAYS	IF LNOER 24 HRS. POURS Min
A	100	70.		7b. CITIZEN	OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNT	Y OF DEATH			
	24 F		nussia		USA	WIDOWED	DIVORCED		Montg	_	r	Md
	within 2	10.	CITY OR TOWN OF DEATH  Takoma Park		11. NAME OF HOSPITAL OR IN give street oddress) Wash	STITUTION (If no			TION (Kind of work rking life, even if reti		12b. KIND OF INDUSTRY	8USINESS OR
	executed within 24 hours after deat and completely filled in by the funeral remove corbon papers. Roges 1 and 1 any event, within 72 hours after deat	13a. adm	USUAL RESIDENCE (Where decease serion) STATE Md.	d lived, if	institution. Residence before	13c. CITY OR		1	518 Lamb		Dr.	
9 0 vir	14	FATHER S NAME FIRST MAX V		rddle Last	<u> </u>	MOTHER S MAIDEN NAME  Judith		M d			Lost	
	160	WAS DECEASED EVER IN U.S. ARM		16b SOCIAL SECURITY		NFORMANT r. Max Weine	er. as	Addr	ess Sc	m		
7	e E		10 CAUSE OF DEATH (Salar and								APPROXI	MATE INTERVAL
ical Examiner/1s quires that the death certificate physician. signed by the attending physician burial-transit permit. Then please burial, cremation, or removal-and		/ IMMEDIATE CAUSE (a) 4-6-4							NSET AND DEATH			
He X	the at sit per mation		Candifians, if any, which gave (b) (b)									
	quires that the physician. signed by the burial-transit burial, cremat		stating the <u>underlying cause</u> lost.	DUE TO	O, OR AS A CONSEQUENCE OF							
Medical	require phy on sign le buri		PART 2 OTHER SIGNIFICANT CON	DITIONS CO	NTRIBUTING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE O	OR CONDITION	GIVEN IN PART 1(a)		·	
	The law re attending hos been see as the let the prior to be	CERTIFICATION	19a DATE OF OPERATION 19b. (	ONDITION F	OR WHICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO	/ 10	Db. IF YES, WERE FIND AUSES OF DEATH?	INGS CONS	IDERED IN C	RTIFYING
with	IAN: Tolor of ficate for us f Health		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin		TIME OF INJURY		W INJURY OCCURRED (En		f injury in Part 1 or P	art 2, Iten	1 16.)	
Cleared	<b>IDING PHYSICIAN:</b> The law r is by the haspital or attending After this certificate has been be defached for use as the state Dept. of Health prior to	MEDICAL	21d. INJURY OCCURRED 21e. While Not while at work	er)   PLACE OF IN	P.M. 19 AT HOME, FARM, STREET, FAC		CATION Street at R.F.D. I	Na	City ar Tawn		ounty	Stote
Cl	TO HOSPITAL OR ATTENDING PHYSICIAN: The law rapposed may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prart to		22a. I certify that (I) (thi	hospita	did) (did not) view the	ed fram 9 <u>65</u> , and bady after d	that in (my) ( <del>our)</del> a	61, ta pinian dec	Ar 1 3 oth accurred on t	_, 19 <u>_65</u> he date	, that and haur	(I) (we) last and from the
	OR ATI		22b. SIGNATURE	. X-	Sant 1	DEGRE	ATTENDING	MED DIRECTOR	STAFF DHYS	22c. DAT	SIGNED /3/19	
	O HOSPITAL OF Poge 4 may be Dr FUNERAL DIR director, poge should be filed		22d PHYSICIAN S NAME (Type) 7	· H. 1	Condition	MD	22e ADDRESS	mrell s		ic,	nd	
	Poge O FUN direct shoul	23a	BUR AL (REMAT ON 23b. D REMOVAL (Specify) Apr		23c NAME OF Bet		CREMATORY  d Cemetery		CAT ON (City or Town		Caunty)	(State)
		24	FUNERAL DIRECTOR Donald		ADDRESS	232 Ca	250 RECD	BY REGISTR	Elmont, Ne	PRE SIG	TELEF LA	142
	VR A15 (4) 45M - 1/69	Hei	brew Memorial F		1 Home St. 1	V.W. Wa	sh. D. CATE A	PK (	י בסבו			



	1			ID STATE DEPARTMENT OF		
-10	T	05783	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL	TIMORE, MARYLAND 2120	1 AFRICA
		00100		CERTIFICATE OF DEATH		05778
± −2±		ECEASED NAME First	, Middle	Lost	20. DATE OF DEATH	Day Your 26 Hour
death. reral and 2 death.	L	lype or print) LLew	ellyn Hopkins	Welsh	PRU Month 2	DOY 1982 6 AM
Ter fer	3 5	EX .	4. RACE	S. DATE OF BIRTH	6 AGE (In years last birthday)	IF UNDER YEAR IF UNDER 24 HRS
ours after deat		Male	1 White	Nov. 1	1912 (56 birthday)	RS DAYS HOURS MIN
The page of the pa	Za sau	BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
executed within 24 haurs after death. dompletely filled in by-the funeral emave carban papers. Pages Fand 2 any event, within 72 haurs merideath.	J	Jashinston De	USA	WIDOWED DIVORCED	MonTgon	nery Md.
fille fille	10	LITY OR TOWN OF DEATH	II NAME OF HOSPITAL OR IN	ST TUT ON (If not in haspital 120 USU	JAL OCCUPATION (Kind & Work do	ne 12b KIND OF BUSINESS OR
bear with the property of the		BetHesda	give street addre .) SUBUR BJ sed lived, finst tution kesidence befare	AN HOS.P. OUR	nost of working life even if ret re	ST FOOD + Drug
plet cor ent,	3a adm	ISSIANI MATERIA	sed lived, I institution Kesidence before		LIMITS? 13e. STREET AND NUMBER	HIM
cam ave		MARYLAN	old lived, I institution kesidence before    13b (OUNITY)   OUNITY   OUNITY	Bethes du YESE N	10 6302 Va	lley ROAD_
nd nd	14	FATHER S NAME First	Middle V Last	IS MOTHER'S MAIDEN NAME	First Middle	Lost
Se o	L	Honer	H. Welst		15C	Greer
Sicro	16a	WAS DECEASED EVER IN U.S. ARA es, na_ar,unknown) (III yes give w	one are duting and comments		Addres	\$
\$ 5 A		_//o	215-44-8	- 04 - 0 170 11	1 D. Above	
2 DE E		18 CAUSE OF DEATH (Enter on	ly ane cause per line for (a) (b), and (c).  D BY	0		APPROXIMATE INTERVA, BETWEEN CHIST AND DEATH
leat end mit.		IMMEDIA	ATE CAUSE (0)	my Insuff		
att per	П	4/23	DUE TO, OR AS A CONSEQUENCE OF	- 00	n	
the the material	П	Condit ans, if any, which gave a rise to immediate couse (a),	(0)	on any arterio	polinera	
trar crear	П	stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		•	
ysic ysic ned rial,	П	last.	(c)			
The law requires that the death certificate attending physician. As been signed by the attending physicial se as the burial-transit permit. Then please the priar to burial, crematian, or remiliarly an	П	PART 2 OTHER SIGNIFICANT COM	IDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART I(a)	
ding ding the	NO	19a. DATE OF OPERATION 19b	CONDITION FOR WHILE DOOR AT TON WAS DE	DECIDINES AND		
OR ATTENDING PHYSICIAN: The law be retained by the haspital ar attending NIRECTOR: After this certificate has been a 3 shauld be defached far use as the ed with the State Dept. of Health priart	CERTIFICATION	170. DATE OF OPERATION 190	CONDITION FOR WHICH OPERATION WAS PE		CALIFEE OF DEATHS .	GS CONSIDERED IN CERTIFYING
e har a se tale	CERT	21a ACCIDENT WAS UNDERLYIN	IG 216 TIME OF INJURY	YES NO		ES
SING PHYSICIAN: by the haspital ar filer this certificate be defached far u State Dept. of Heal		TOR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Manth Day Year	· ·	er nature of injury in Part 1 or Par	2, Ifem 18.)
Septiment of the control of the cont	MEDICAL	(If either, natify medical examinated livings) 21d. INJURY OCCURRED 21e	PLACE OF INJURY ( AT HOME, FARM, STREET, FAC		a. (ity or Town	Caunty State
PH) e he his capacitated Dep		While   Nat while	OFFICE BUILDING, ETC.	TORY.) 21f LOCATION Street or R.F.D No.	a. City or rown	Caunty State
NG A the age of the ag		22a   certify that (1) (th	is bosnital) attended the decease	od from FChriser 10	68 to 4 - 76	1064 that (1) (wal last
d by de by d		saw the deceased a	live on Mark 26, 1	ed fram FCGmey, 19.0 962, and that in (my) four) ap	mian death accurred an the	date and haur and from the
OR ATTENE OR ATTENE be retained DIRECTOR: A 3e 3 should led with the		canzez statea abave	e, (I) (we) (did) (did not) view the	bady after death.		
S steril		22b SIGNATURE	21/2/1/20.7	A DEGREE PHYS	MED STAFE - 2	22c. DATE SIGNED
Dea Deal		> ^	grace v. OS as		MED STAFF PHYS D	7-20-67
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or Fage 4 may be retained by the haspital or attending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by-the director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban pagers, Pageshauld be filled with the State Dept. of Health priar to burial, crematian, or remitival, and in any event, within 72 haurs	L	22d PHYSIC.AN S NAME (Type) 572	FRENW. DETTE	L. A.D. 220 ADDRESS 19 0	MUSON LANE	BETHERONAD
HOS Gulfo	230	BURIAL, CREMATION, 23b I	DATE 23 NAME OF	CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
22 2 5 1		REMOVAL(Specify)	1-29-69 WARK	LANN CEM.	ROCKUS	
VR AIS		FUNERAL DIRECTOR	C 5/30 ADDRESS	S. AUE NIN 250. RECD I STON, B. C. MAY	BY REGISTRAR 2Sb REG STR	AR S. SIGNATURE
45M . 10 69	1	OS. GAWLER!	5 Sons, 5130 WY	STON, B.C. MAY	2 1969 years	Mes Judge.



05784 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05779 CERTIFICATE OF DEATH 26 HOUR A DECEASED-NAME Middle Lost 20. DATE OF DEATH First requires that the death certificate be executed within 24 hours after death (Type or print) April Sam Bud Werner :05 M burial transit permit. Then please remake/carban papers. Pages burial, cremation, or removal, and in any event, within 72 hours after 3. SEX 4 RACE S. DATE OF BIRTH IF JNOER 1 YEAR E LINDER 24 HRS. 6. AGE (In veors and completely filled in by the remave/carban papers. Pages Male White Jost birthday) 11 August 1934 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH 8. MARRIED NEVER MARRIED X country) New Jersey USA Montgomery DIVORCED [ WIDOWED | 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddrine Clinical Center during most of working life, even if retired )
Newspaperman Newspaper Newspaper Bethesda 13o USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d. INSIDE CITY & MITS? 13e STREET AND NUMBER admission) Virginia JA186, COUNTY YES -NO 🗔 111 North Edgewood Street Arlington 14 FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Middle First Inst Last Werner Lillian Band Eugene Α. 17 INFORMANT The Medical Records Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no, or unknown) 141-26-4518 The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ORSET AND DEATH Cardiac arrhythmia 1 hour IMMEDIATE CAUSE (o) \_ 4125 DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove ) (b) Postoperative myocardial revascularization 12 hours rise ta immediate cause (a), signed by burial trans DUE TO, OR AS A CONSEQUENCE OF ventricular scarring stating the underlying couse Severe coronary artery disease and left 7 years last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **IO FUNERAL DIRECTOR:** After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar to 19g. DATE OF OPERATION 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? CAUSES OF DEATH? YES TO NO 🔲 Yes 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day If either, notify medical examiner) 21d. INJURY OCCURRED (AF HOME, FARM, STREET, FACTORY,) 21f LOCATION Street of R.F.D No. 21a. PLACE OF INJURY Stote City or Town County While Not while at wark 22a. I certify that (X) (this hospital) attended the deceased from 2 (April , 1969 , to 30 April , 1969 , that (t) (we) last saw the deceased alive on 30 April 1969, and that in (XX) (aur) aprinion death occurred on the date and hour and from the Page 4 may be retained couses stated above, (\*\* (we) (did) (dia xib) view the body after death. 22b/SISNATURE 22c DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS X 30 April 1969 DEGREE TO HOSPITAL PHYSIC ANS 22e ADDRESS The Clinical Center, National 22d. NAME (Type) Bradley M. Rodders. Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b, DATE (County) (State) BUTTA Mt. Lebanon Cemetery 5-1-1968 Iselin New Jersey 24. FUNERAL DIRECTOR ADDRESS Zo. REC'D BY REGISTRAR VR A15 (4) 30M REV. 1/68 DAMAY 1969 Goldberg Funeral Home 4217 9th Street N.W.

MARYLAND STATE DEPARTMENT OF HEALTH



1.4	* *	MARYLAND STATE DEPARTMENT OF HEALTH	
		05785 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1		Items 586 FilmGul2 5/9/69 kk CERTIFICATE OF DEATH 05780	
6.	2 82	1 DECEASED NAME First Middle Last 20 DATE OF DEATH 2b HOL	10
	executed within 24 hours after death.  In campletely filted in by the funeral strove carbon pages. I and 2 any event, within 72 haurs after death.	(Type or synt)	14 <sub>M</sub>
	F 15.	3. SEX 4 RACE S DATE OF BIRTH 1875 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 H	IRS
	s aff the 'ages rs afi	Tav. 3-4-1874 gst martis DAYS HOURS	MUN
	and Andrews	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED   9. COUNTY OF DEATH	
	4 ( o 1 ( )	Lyeland N.S. WIDOWED & DIVORCED Montagness	Md
	thin 24 in page	10. CITY OR TOWN OF DEATH  LI NAME OF HOSPITAL OR INSTITUTION (If hat in haspital during most of warking the Even fretired)  LI NAME OF HOSPITAL OR INSTITUTION (If hat in haspital during most of warking the Even fretired)  NDUSTRY	
	with book	12 h3 h n 12 hstraton cardens House wite	
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon should be filed with the State Dept. at Health priar to burial, crematian, ar remayal, and in any event, with	13a USDAL RESIDENCE (Where deceased lived, if institution Residence before 13c, CITY OR TOWN 13d inside CITY LIMITS? 13e STREET AND NUMBER COUNTY NEW YES NO 335   Towns 8 1	
		- Cherd and - 2221 John Daylor Ka.	
	din a din a	mound to the state of the state	
	an an und i	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT MY Address	
	requires that the death certificate g physician. n signed by the attending physician e burial-transit permit. Then pleose o burial, crematian, ar remaval, and	Yes, ng. gr unknown) ((I yes give war or dates at service,	
	ph avc		
	e Te	APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH  PART I. DEATH WAS CAUSED BY:	
	leat end mit.	TICO IMMEDIATE CAUSE (0) // HYSTYMO MOMORY & 22 C	
	off off per ian,	DUE TO, OR AS A CONSEQUENCE OF	
	# # # # # # # # # # # # # # # # # # #	Conditions, if only, which gave a fixe to ammediate couse (a), (b)	
	the region of th	stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
	sicion sicion al	lost. (c)	
	phy Sign Suri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED FOR THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	v re mg en he to	5 Generolizal enteriosclerosis	
	law endtn beel ss the	190 DATE OF OPERAT ON 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING	_
	The after has been the perfect of th	190 DATE OF OPERAT ON 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY?  YES NO CAUSES OF DEATH?  210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 2216 HOW INNURY OCCURRED. (Sober nature of course of powers of performance)	
	ate ate		
	S 를 불유표	Greater than the state of death of the state	
	rein cher pt. c	TO A TO DESCRIPTION OF THE PROPERTY OF THE PRO	
	OR ATTENDING PHYSICIAN: be retained by the haspital at NIECTOR: After this certificate e 3 should be defached for a ed with the State Dept. at Hea	While Not while of work OFFCE BUNDING ETC	
	ING Ny 1 yy 1 ter ter tate	22a. I certify that (I) (this hospital) attended the deceased from 8/26, 19 cf., to 275 at 19 that (I) (we) I	ast
	ND AGE	sow the deceased glive on 4/22 1967, and that in (my) (aux) appaid death occurred on the date and hour and from the	he
	SO DE TE	couses stated above (1) (we) (did) (did not) view the body offer death.	
	R A R L L L L L L L L L L L L L L L L L	226 S.GNATURE ATTENDING MED STAFF 22C. DATE SIGNED	
	P 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	DELLO. (MINICE PHYS LY DIRECTOR LYPHYS. LY 7/24/64	
	O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhauld be filled with the State Dept. af Health priar to burial, creating.	22d PAYSICIAN'S NAME (Type) OHN B. UMAQU 22e. ADDRESS Comm. Are. Chan Chancel	4
	LUNE UNE Sector	DO DOWN COMMUNICATION OF THE PROPERTY OF THE P	==
	Page 4 may To FUNERAL ( director, pag shauld be fill	BERNOVAL (Specify) April 28, 1964 At Livyton Nottional Hillmrith Likemina	
		24 FUNERAL DIRECTOR ADDRESS 250. REC D BY REGISTRAR , 25b REGISTRAR'S SIGNATURE .	_
	VR AI5 (4) 45M - 1 69	Joseph GAULERS SONS SIBOUISE ALL ML DC MAY 2 1969 Policyles Juden	
			_



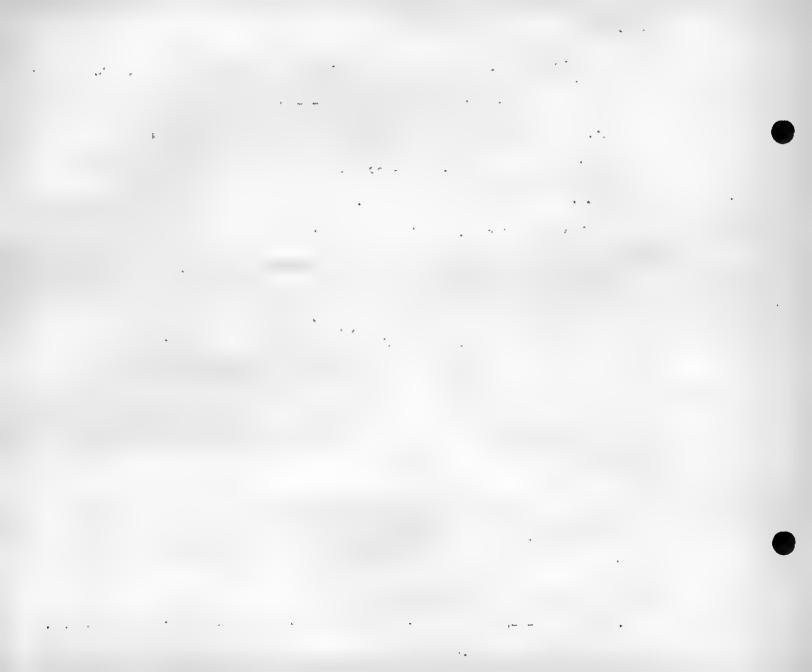
MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05782 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1 DECEASED NAME First Middle Last 20 DATE KNOWNT (Type or Print) Byron 2, and 3 ta PM3. Page Hilton Wildermuth ESTI-Department of DEATH MATED 6 AGE ( n years OF LIMBER 24 HRS 3 SEX A RACE S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD (my Zerthday) HOURS 69 7/30/95 Day male white Year YRS A PLER 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH along with form Pennsylvania USA Montgomery WIDOWED [ DIVORCED ( Give Pages the State 10. CITY OR TOWN OF DEATH after death 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Holy Cross ospital Mechanical cale figed) INDUSTRY incering give street address) Silver Spring 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN admission) STATE Maryland 3b. (OUNTY Montgomery Spring 13d INSIDE CITY LIMITS? 304 Hamilton and 2 with Avenue Tem ] after 14. FATHER'S NAME Middle CATE Last 15. MOTHER S MAIDEN NAME Middle Snyder Wildermuth 2 Albert pages hours should be farwarded to the Chief Medical Examiner's 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 304 Hamilton Ave pencil 16b SOCIAL SECURITY NO 17 INFORMANT ADDRESS CERTIFI (Yes, no, ar unknown) [|f yes give war or dates of service] Sil Mrs. Catherine Wildermuth Md. 164 09 7179 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) grid (c)) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) in any event DUE TO, OR AS A CONSEQUENCE OF S burial-transit THL Canditians, if any, which gave rise to immediate cause (a), certificate should stating the underlying cause SIGN and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1701 0 8 WILL 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES -21a EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b TIME OF INJURY Manth, Day, Year should PRIMARY OR CONTRIBUTING HOUR A.M. burial, crematian, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town County State REAP factory, affice building, etc.) NOT WHILE AT WORK AT WORK Page 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection Inguiry K and in my opinion director. Undetermined manner BB death resulted from Natural causes Suicide Homicide CHIEF MEDICAL EXAMINER BY **ACTUAL** 22b DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral EARED Health YDU NAME (Type) 50 23c NAME OF GEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION 23b DATE REMOVAL (Specify) Page Record By Registras Co. Parklann Cometoni 24 FUNERAL DIRECTOR VR A15ME (5) Silver Spring. 10M REV 1/68



		MARYLA	ND STATE DEPARTME	NT OF HEALTH			
1	05788	DIVISION OF VITAL RECORDS			RYLAND 21201	0578	3.3
			CERTIFICATE OF D				
carbon posts. Poges 1 and 2 ent within 72 hours after death.		aby Boy	Last	2a. DATE Of		Vace	26. HOUR &
ge			Willard	<u> </u>	April 4, Day		3:37 ₩
	3. SEX MALE	4 RACE	S. DATE OF BIRT		6 AGE (+n years last birthday)		LINDER 24 HRS.
	Marie	White	4-4-6		« › YRS.		1
3	7a BIRTHPLACE (State or fareign country) Md.	75. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED   NEVER MARR! WIDOWED   DIVORCE	D M	ontgomery		Md
. 9	10. CITY OR TOWN OF DEATH  Takoma Park	give street address San	NSTITUTION (If not in haspital & Hospital	i2a. USUAL OCCUPATION during most of working		12b KIND OF BU INDUSTRY	SINESS OR
1	13a, USUAL RESIDENCE (Where de admission) STATE Md.	13b. COUNTY  Mont.	13c CITY OR TOWN 13c	VEST NOT	REET AND NUMBER		
0	14 FATHER'S NAME First	Middle Last	IS, MOTHER S MAID	0	36 Houston Middle	Ave Api	Lost 401
/	Robe			icia Ann	Williamso	_	6031
	16a. WAS DECEASED EVER IN U.S.	ARMED FORCES? 16b SOCIAL SECURIT		ICIA AIIII	Address	113	
	Yes, na, or unknown) (11 yes	give war or dates of service)	M×	inker Mot	her		
	18 CAUSE OF DEATH (Ente	r anly one cause per line for (a), (b), and (			1 4	APPROXIMAT BETWEEN ONSE	
	PART I DEATH WAS CA	USED BY REDIATE CAUSE (a) Fetal	acepress	dea			
		DUE TO, OR AS A CONSEQUENCE O	fi ( )	0			
	Canditians, if any, which go	(b) Trol	and co	20			
	stating the underlying cou	JSB DUE TO, OR AS A CONSPONENCE O		0	11.		
	last	(1) Vrc 7.2		eech pres	contelloss		
	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL I	DISEASE OR CONFITION GIVE	N IN PART 1(c)		
	19g. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20g AUTOPS	v3   1206 II	F YES, WERE FINDINGS C	ANCINEDED IN CEDI	TEVING
1	19a. DATE OF OPERATION	TO CONDITION FOR WINCH OF ERRITOR WAS I	YES D		S OF DEATH?		IFIIIIO
-	E 210. ACCIDENT WAS UNDER	LYING 216 TIME OF INJURY		RRED (Enter nature of inju			
	OR CONTRIBUTING CAUSE OF	OFATH HOUR A.M. Month Dov Yea	ir .	(4	,,		
	While Not while	21e PLACE OF INJURY (AT HOME, FARM, STREET I OFFICE BUHDING, ETC.	ACTORY 21f. LOCATION Street	ar R.F.D. No. City	er Tawn	County	State
	di waik di waik	(this hospital) attended the decea	sed from	, 19, to	, 19	, that (	) (we) los
	sow the deceose	d olive onove, (l) (we) (did) (did not) view,/fi	.19, ond that in (my)	(our) opinion deoth	occurred on the do	te ond hour or	d from the
		ove, (I) (we) (did) (did not) view,th	e body offer deoth.		1.00	DITT ALGUED	
	22b. SIGNATURE	3. / Seardsle	DEGREE PHYS.	MED. DIRECTOR	STAFF PHYS. D	DATE SIGNED	
/	22d. PHYSICIAN'S NAME (Type)		22e. ADDRE	SS	•		
	23g. BURIAL, CREMATION, 2	3b. DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d LOCATI	ON (City or Town)	(County)	(State)
^	REMOVAL (Specify) Cremation	4-5-69 Wash.	, San & Hospit	al Tako	oma Park, M	font. Md	
X	24. FUNERAL DIRECTOR	ADDRE		So. REC'D BY REGISTRAR	2Sb. REGISTRAR'S	SIGNATURE	
1	J. D. Ruffcor	n, Takoma Park, Mar	yland	DATE APR 7 1	989 Jalie	wes Jus	*

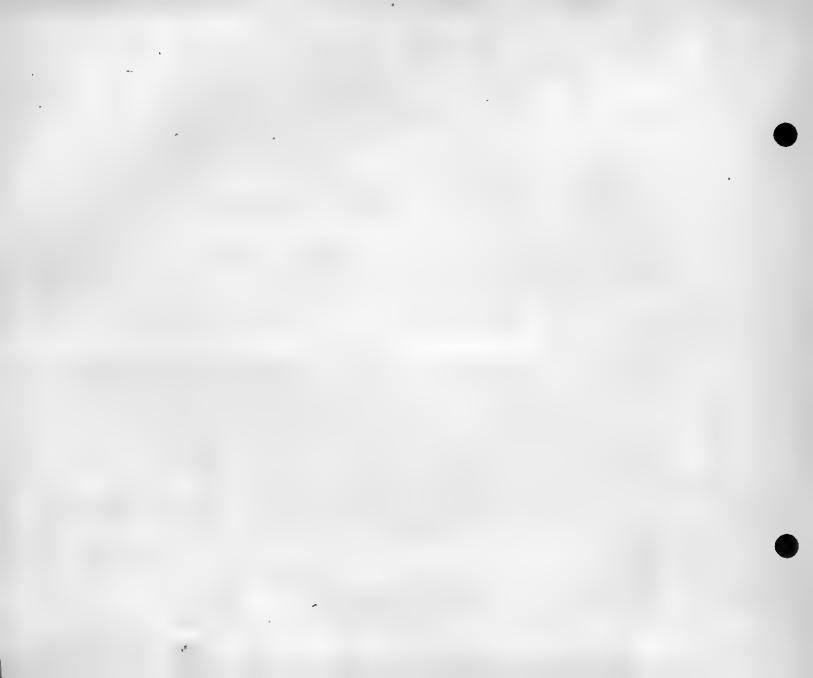


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05784 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. . DECEASED NAME First Middle Last 2a DATE KNOWN Manth Day Yeor 2b. HOJR (Type or Print) ESTI-Bertie Williams iny deloy is 2, and 3 to PM3 Page 19691 : 25 ŏ DEATH MATER 3. SEX 4. RACE 6 AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD S DATE OF BIRTH 2d HOUR partm 1:250 July 18 YRS. 7a BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIEDYX 9. COUNTY OF DEATH Office along with form Montgomerv DIVORCED [ WIDOWED ! 120 USUAL OCCUPATION (Kind of work dane hours ofter death 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 126 KIND OF BUSINESS OR during most at working life, even it ret red) IND STRY
Ham. National Geographic Socie Washington San & Hosp Takoma Park 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 136 COUNTY Montagnery Silver SpringES DE NO admissian) STATE 8712 Colesville Rd. #205 offer Item Middle IS MOTHER S MAIDEN NAME 14 FATHER S NAME Williams 24 e certificate, writing the word "pending" in pencil in should be forworded to the Chief Medicol Examiner's hours poges 16h. SOCIAL SECURITY NO 17 INFORMANT Colesville be executed within (Yes, na, or unknown) Silver 579-48-8282 E . APPROX MATE INTERVA within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) permit. BETWEEN ONSET AND DEATH pending" ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditions, if any, which gove rise to immediate cause (a). in ony This certificate should DUE TO, OR AS A CONSEQUENCE OF storing the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) a removol, CERTIFICATION nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? necessory, please execute the certificate. YES [ pe õ 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21d NJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Yown County Stole factory, affice building, etc.) FUNERAL DIRECTOR: Poge JUHW TON AT WORK AT WORK 22a. I certify that I taok charge of the remains described above, held an Autapsy Inspection and in my opin an deoth resulted from: Notural couses PX Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22h DATE SIGNED SIGNATURE EXAMINER'S 5 moy TO FUNE Health town or county) NAME (Type) 23d LOCATION (City or Town) 23a BUR AL, CREMATION. REMOVAL (Specify) Prospect Hill Cemetery Washington. 25a REC D BY REG STRAR **CUNERAL DIRECTOR** VR A15ME [5] Silver Spring 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



1		ms
STATE /	AFTON	5785
	DECEASED NAME JETICAL OLIVER Middle WILLIAM 1051 20 DATE KNOWN Month Do	
	(Type or Print) XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	69 2:30
ľ	SEX 4. RACE S. DATE OF BIRTH 6 AGE (in years 15 June 1 YEAR 15 June 24 HRS 20 DATE PRONOUNCED DEAD MONTHS DAYS MOURS MIN Month 21 Day 10	Year 69 2:30P <sub>M</sub>
-	O BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	MA ASTON
	Ounfry) Not known Not known WIDOWED DIVORCED Montgomery	Mo
ì	O CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR
L	Takoma Pk   Washington San & Hospital	JSTRY
	30 USUA. RESIDENCE (Where deceosed lived, it institution Residence before 13c. CITY OR TOWN 13d. MSIDE CITY CAMPLES 13e. STREET AND NUMBER odmission Maryland 13b Montgomery Takoma Pk YES NO 64 Walnut Ave	
1	4 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Lost
L		
1	60 WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes, no, or unknown) (If yes give wor or dates of service)  16b SOCIAL SECURITY NO  17 INFORMANT  MTS CECIL MURRAY SISTER PER DET.	DA LPRYMPLE
-	In cause of Death Searce of the control of the season of t	APPROXIMATE INTERVAL
	1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (c)  Preumonitis, rt. lung;	BETWEEN ONSET AND DEATH
ı	7/, 8  IMMEDIATE CAUSE (o) PROUMONITIES, Ft. Lung;  DUE TO, OR AS A CONSEQUENCE OF	
ı	Conditions, fony, which gove is to immediate couse (o).  (b) Fatty metamorphosis of liver, extensive	
l	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
l	last (c)	
l	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
	190 DATE OF OPERATION  195 COND T ON FOR WHICH OPERATION  WAS PERFORMED?  210 EXTERNAL CAUSE WAS  21b TIME OF INJURY Month, Day, Year  21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1	20. AUTOPSY?
1	WAS PERFORMED?	YES NO 🗆
	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1 HOUR A.M.	B.)
	CAUSE OF DEATH P.M. 19	
	E 21d INJURY OCCURRED 21e. P_ACE OF INJURY (At home, form, street, at work at work at work at work 21e.)  21f LOCATION Street or R F D No City or Town Co	ounty State
	22a. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X.	ond in my opinion
	deoth resulted from. Notural causes 🖾 Accident 🔲 Suicide 🔲 Homicide 🔲 Undefermined monner 🗍	say an any opinion
	CHIEF MEDICAL EXAMINER	
	SIGNATURE ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226 DATE SIGN	ED .
	EXAMINER'S RELOCATION ADDRESSION OF SOUTH APRIL	0,1969
×		inty) (Stote)
	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b. REGISTRAR'S SIGN	
	DATE MAY 1 1889 golvano	as Judge



1.1	MARTICAND STATE DEPARTMENT OF HEALTH					
N	- 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
	•	- 1	05791 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120)	05786		
	7 2 2		1 DECEASED NAME First Middle Lost 20 DATE OF DEATH			
	to Topic		(Type or post)	Year 2b. HOUR		
	de a	-  -	William Valentine Wilson April 12	3 1969 97 M		
	fer fer	13		IF UNDER 1 YEAR		
	the the		M. Caucasian 10-20-90 lost birthday) TO YRS	MONTHS DAYS HOURS MIN		
		1	70 BIRTHPLACE (Stote or foreign   76 CITIZEN OF WHAT COUNTRY?   8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH			
	24 hours after deoth.	) [	country) /			
	2 3/8	/  -		N' - Md		
		. l'	10 CITY OR TOWN OF DEATH  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life even if retired)  12 USJAL OCCUPATION (Kind of work done during most of working life even if retired)	126/XIND OF BUSINESS OR		
	Fe Poor ₹			INDUSTRY GOLD		
	der der car	[1	130 USUAL RES DENCE (Where deceased ved, if institution Residence before 13c RTY OR TOWN / 136 INTOF CITY LIMITS? 13e STREET AND NUMBER	103 -0011		
	e ve ve	4 6	odmission) STATE md. 13b. COUNTY mont. Rockville YES NO 206 Upton	54		
	xec 20 / L	7 6	14 FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	3 17		
	ono rer	/ [	Clash and I like a major name sits migore	Last		
	ate be executed within 2 cian and completely filled lease remove carbon paperand in ony event, within	I I	ClaiDorne A. Wilson Maude	- lascott		
	cati		160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (11 see agree wor or do es of service) 2 to 16ll / 3 / 9 / 20   17   17   17   17   17   17   17   1	~ 1		
	death certificate be executed within 24 hours after death tenting physician and completely filled in by the funeral rail. Then please remove carbon papers. Pages I and 2, arremoval, and in any event, within the pages after death.	L	Yes, no, or Jinknown) 1917-1919 220-44-6349 Maude Betts Rockville	and.		
	ē <b>1</b> €	Γ	18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c) )	APFROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	4 # LP		DADT I DEATH MAR CAUSED DV			
	a a a		IMMEDIATE CAUSE (a) Urenia	1 month		
	pe di	- 1	Conditions, if ony, which gove)  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove)	10 11		
	the the sist	- 1	Conditions, if any, which gove (b) Carcinoma of Proslate, use to immediate cause (a).	9 months		
	the parties of the pa		stoling the underlying couse DUE TO, OR AS A CONSEQUENCE OF			
	es sicic ed al-t		last. (c)			
	ign strik	- 1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. DISEASE OR CONDITION GIVEN IN PART I(a)			
	n s n o b		Arteriocalentia cardinas auto discusse			
	ow Idin		190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS CON	Other Teach III Control		
	ther there as a series		CAUSES OF DEATH?	DIDERED IN CERTIFIING		
	作りで発生く		TES NO (X			
	rote rote dec		216. HOW INJURY OCCURRED (Enter nature of injury in Part Lar Part 2, the	ım 18)		
	De in the		OR CONTRIBUTING CAUSE OF DEATH    HOUR A.M.   Month Day Year   State   Hour A.M.   Hour A.M.   Hour A.M.			
	YS Toosi Cel Che			County State		
	PH is his his property of the		While Mat while of wark at wark			
	er t	- 1	of work at work	6 AL 4 (1) No. 1 1 4		
	A A A A		22a. I certify that (I) (this haspital) attended the deceased from Sept. 27, 1968, to Apr. 173, 196 saw the deceased olive on 1961, and that in (my) (our opinion death occurred on the date	Z, mar (I) (we) last		
_	F. R. F.		causes stated above, (1) (we) (did not) view the body ofter death.	ond hour day from the		
	E 音 B 名 年			ITE SIGNED		
	Z 3 SE		ATTENDING TO MED STAFF	1113 1969		
	D   D   D   D   D   D   D   D   D   D			11/3, 1/6/		
	TAL TAL Poe	1	22d. PHYSICIAN'S NAME (TYPE) Stephen C. Cromwell, MD (22e. ADDRESS W. Montgomery Ave F	Im allow		
	NEP 4 L	·	Stephen C. Cromwell, 18. D 6.2 W. Friding Parent Noc. 1	ochemis Tild.		
	O HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospitol or attending physician. O FUNERAL DIRECTOR: After this certificote hos been signed by director, poge 3 should be detached for use as the burial-transhould be filed with thm State Dmpt. of Health prior to buriol, creative to buriol, creative the purior of the purior of the purior of the purior of the purior.	2	230 BURIAL (REMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)		
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 2 Page 4 may be retained by the hospital or attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attenting physician and completely filler director, page 3 should be detached for use as the burial-transit perhait. Then please remove carbon pages should be stated for use as the burial-transit perhait. Then please remove carbon pages should be tiled with the state Denpt. of Health prior to burial, cremation, or removal, and in any event, within			irginia		
		. [	24. FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5 S			
	VR A15 j4 45M + 1 ′6	9	Robert A Pumphrey 7557 Wisconsin Ave DATE APR 2 1 1969 Your	las Judge -		
		L	Partie Mil	7 7		







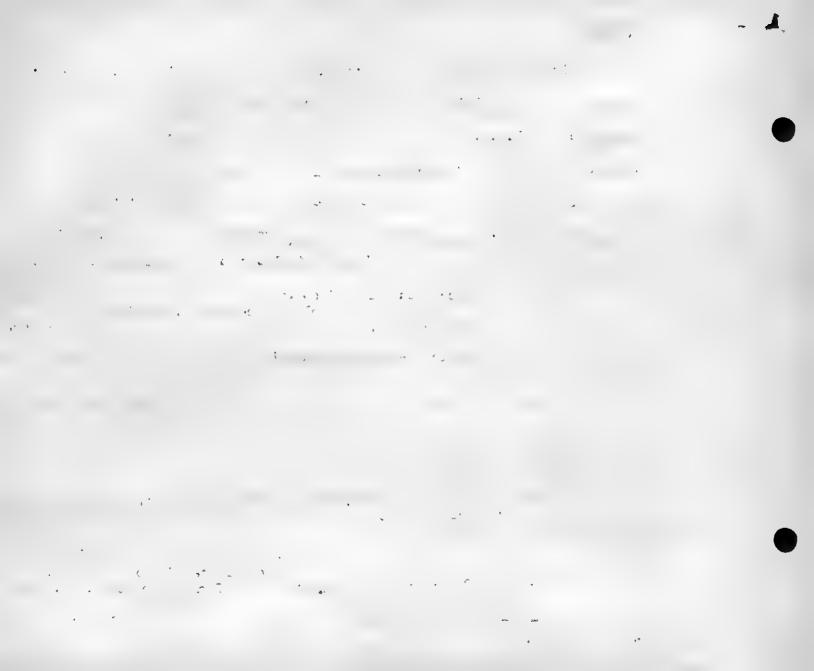
1 .			. 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 '	I		CERTIFICATE OF DEATH	05789
deoth.		DECEASED NAME First Middle  (Type or pr. pt.)  Co C   V   V   O/a	WOHTHY 20. DATE OF DEATH Month Day	Year 9 10 30 M.
rs after	L	FEMALE Negro	8/5//884 lost birth day. 7485.	F JHDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS M.N.
24 hou	70	BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED   9 COUNTY OF DEATH WIDOWED   DIVORCED   Montgomery	,
offerented within 24 offerentes filled remove corbon paper in any event, within 7	10	CITY OR TOWN OF DEATH  Rockuille  11. NAME OF HOSPITAL OR INS give street oddress)  Potomoc Vol'et N	STITUTION (If not in hospital 120 USJA, OCCUPAT ON (Kind of work done /	12b KIND OF BUSINESS OR INDUSTRY
executed was interested to the control of the contr	odn	USLA. RESIDENCE (Where deceosed used, if institution Residence before use on) STATE TO BE STATE USE OF THE STATE OF T	13c CITY OR TOWN 13d MS.DE CTY LMITS? 13e STREET AND NUMBER 4072 16th	Street, N.W.
oh ond	L	FATHER'S NAME First Myddle Kell	15. MOTHERS MA DEN NAME FIRST  Ellen FALL  Middle	Lost
hysici n plec		WAS DECEASED EYER IN U.S. ARMED FORCES? Yes, no, or unknown) (II yes give war or dates of service) 166 SOCIAL SECURITY I	James Worthy-son-Box 34 Rive	erdale, Md.
deoth cer rending p mit The		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I DEATH WAS CAUSED BY. IMMED ATE CAUSE (o)		APPROXIMATE INTERVAL BETWEED ONSET AND DEATH  O NOS.
OR ATTENDING PHYSICIAN: The ow requires that the deoth certificate be executed within 24 hours after deoth be retained by the hospital or ottending physician.  NIRECTOR: After this certificate has been signed by the attending physician ond-completely filled in the transfer of should be detoched for use as the buriol-transit permit. Then please remove carbon papers. Proceed with the State Dept of Health prior to burial, cremation, or removal, and in any event, within 72 hours and depth.		Conditions, if ony, which gove nise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF OST	/	
w requiring physen signature burie	NC.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	Least wheehin	
The or offend by has be use os the proof	CERTIFICATION	196 DATE OF OPERATION 196. COND TION FOR WHICH OPERATION WAS PER	YES NO CAUSES OF DEATH?	
SICIAN: spital o prificate ed for a	MEDICAL C	216 ACCIDENT WAS UNDERLYING   216. TIME OF INJURY   HOUR A.M. Month Doy Yeor (If either, not fy medicol exominer)   P.M.   19	9	n 18.)
<b>G PHY</b> the hor this ce detocher	2	21d N. JRY OCCURRED 21e, PLACE OF INJURY (AT HOME, FARM, STREET FAC OFF CE BUILDING ETC of work		County State
ITENDIN ined by OR: After ould be		220. I certify that (1) (this hospital) attended the decease saw the deceased alive an causes stated above, (1) (we) (dig) (dignet) view the l	ed from 3/27/69, 19, ta 4/22/6919 9, and that in (my) (our) apinian death accurred an the date bady after deoth.	, that (1) (we) last ond hour and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The ow re Poge 4 may be retained by the hospital or othending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use os the I should be filed with the State Dept of Health prior to I		22d. PHYSICIAN S NAME (Type)		22/69.
O HOSPI Poge 4 n FUNER. director,	23 o	BUR AL (REMAT ON, 23b DATE 23c NAME OF C	CEMETERY OR CREMATORY 23d .OCATION (Cry or Town)  oln Memorial Cemetery Maryla	(County) (State)
VR A \$ \( \frac{1}{2} \)	_	FUNERAL DIRECTOR ADDRESS	250 RECD BY REGISTRAR 250 REGISTRAR S SIC	CNIATURE
M				



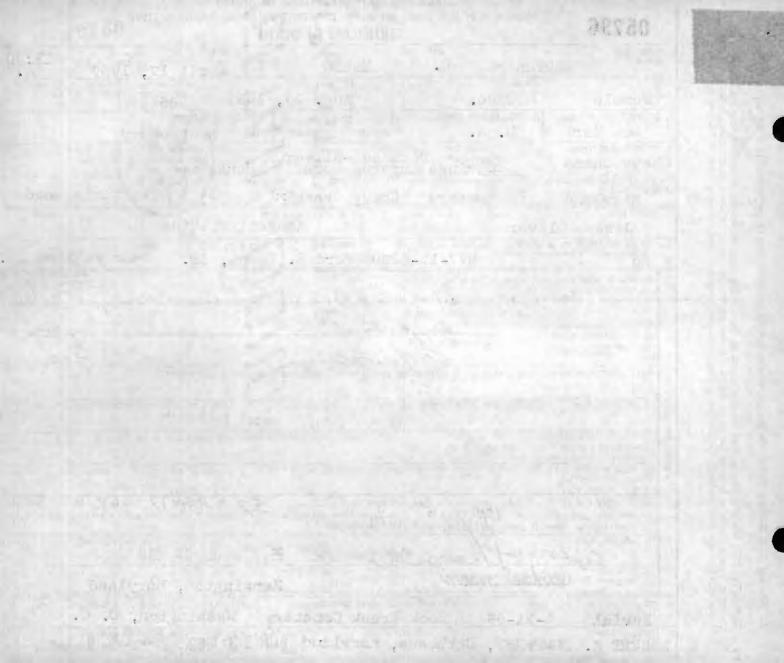
MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05795 05790 CERTIFICATE OF DEATH DECEASED-NAME First Lost 2b. HOURP 2o. DATE OF DEATH executed within 24 haurs after death. signed by the attending physiciarrand campletely filled-irr by the funeral burial-transit permit. Then please setmave carban papers. Pages 1 and 2 burial, cremation, ar remaval, and in any event, within 72 harryafter death. (Type or print) Shirley Anne Yeatman April 1 6:50 M 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years F UNDER 1 YEAR last, birthday) MONTHS OAYS HOURS Female White 17 July 1934 YRS. 7o. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED X NEVER MARRIED country) DIVORCED U.S.A. WIDOWED [7] Delaware Montgomery 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital 10. CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR give street oddress) Bethesda Bethesda The Clinical Center NIH

130 USUAL RES-DENCE (Where deceosed lived, if institution, Residence before 113. CITY OR TOWN Housewife 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13H, COUNTY YEST NO [F] Box 99, R.D. West Grove Pennsylvenia

14. FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First requires that the death certificate..be John Boggs Baldwin 17 INFORMANT The Medical Record 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address Yes, no, or unknown) The Clinical Center, NIH, Bethesda, Md. 20014 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY Bronchoppes 18 BETWEEN ONSET AND GEATH IMMEDIATE (AUSE (a) Bronchopneumonia (bilateral) Hours DUE TO, OR AS A CONSEQUENCE OF Hepatomegaly, Splenomegaly, massive-Conditions, if ony, which gove ) (b) with focal infarcts Months-Years rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause 17 Years (c) Chronic Myelogenous Leukemia PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO | 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Doy Year 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town Stote County While Not while of work 220. I certify that (1) (this haspital) attended the deceased from 20 February 19.69, ta 23 April 19.69, that (1) is saw the deceased alive on 23 April 1969, and that in (1) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (1) (vivo) view the body ofter death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING PHYS STAFF PHYS. 24 April 1969 DIRECTOR DEGREE 22d. PHYSICIAN'S 22e. ADDRESS The Clinical Center. National NAME (Type) Paul P. Carbone, M. D. Institutes of Health, Bethesda, Md. 20014 23d LOCATION (City or Town) 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, (County) (Stote) BRIMOYAL (Specify) London Grove Friends 4-27-69 Chester London Ctv Pa Pumphrey 7557 Wisconsin Ave 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) DATMAY 1969 Michaeles Judge 30M REV. 1/68 Bethesda, Md



According to the second	1	*		ID STATE DEPARTMENT		
		05796		CERTIFICATE OF DEA	BALTIMORE, MARYLAND 21201	05791
~	1 1	DECEASED-NAME First		Lost		
death.		Tune or eriet)	THA O.		20. DATE OF DEATH  April 17. 1	Yeor 121 HOURO
	3. 5			YOUNG		969 A.M
of the session of the	3. 3		4. RACE	S. DATE OF BIRTH	6. AGE (In years last birthday)	IE UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
= 3 5	-	Female	Cauc.		1002 86 YRS.	
12	(0)	BIRTHPLACE (State or foreign intry) New York	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
24 TZZ			U.S.	WIDOWED DIVORCED		Md.
within 24 bour after ely filled in by the 10 bon papers. Engles 1 , within 72 hours after	C	city or town of DEATH hevy Chase	give street address) Bet Springs Nu	thesda-Silverdu irsing Home	o USUAL OCCUPATION (Kind of work done pring most of working life even if refired.) HOUSEWILE	12b. KIND OF BUSINESS OR INDUSTRY
cuted simples ve cor	130 odn	USUAL RESIDENCE (Where decedingsion) STATE Maryland	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d, INS	IOE CITY LIMITS? 13e. STREET AND NUMBER	Vista Road
omy ony		FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN I		Lost
9 5 2 1	ı	Joseph 01	iver	Aba	gail Wilkins	
The law requires that the death certificate be exe attending physicion. has been signed by the ottending physicion and se os the buriol-transit permit. Then please remoth prior to buriol, cremotion, ar removal, and in any	160	). WAS DECEASED EVER IN U.S. AR Yes no, or unknown) (If yes give	and the delication of the state	NO. 17. INFORMANT 280B Ford E.	Husband Address Young, Sr. Same	e as Item 13
mo m		18. CAUSE OF DEATH (Enter or	nly ane cause per line for (a), (b), and (c)	.)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ath iit. ir re		PART I. DEATH WAS CAUSI	D BY: ATE CAUSE (a)			3-6 Mar
offe offe on, c		401 X	DUE TO, OR AS A CONSEQUENCE OF			
t the sit p		Conditions, if ony, which gove	11. 1	erteum?		near
thot by t fons		rise to immediate couse (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	2		0
equires that the physicion. signed by the buriol-transit puriol, cremoti		lost	(1) FBV	eriocleine.		year
phy phy sign buri		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(o)	
v re ing en to	22					
The law requires the attending physicion. has been signed by se os the buriol-tra the prior to buriol, cre	CERTIFICATION	190, DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS PE	REFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS (	ONSIDERED IN CERTIFYING
The aft of the p	E			YES [	NO CAUSES OF DEATH?	
or afe		210. ACCIDENT WAS UNDERLYI		21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2,	Item 18.)
Pit p	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Year ner) P.M.			
ATENDING PHYSICIAN: The law restained by the hospital or attending CTOR: After this certificate has been should be detached for use os the ith the State Dept. af Health prior to	ME		PLACE OF INJURY (AT HOME, FARM, STREET, EA-	CTORY.) 21f. LOCATION Street or R.	F.D. No. City or Town	County State
ING be de tote			is haspital) attended the deceas	ed from	195 7, ta Aron 17, 19	49, that (I) (we) last
ed be		saw the deceased o	live an April 13	964 and that in (my) (au	, 195 — , ta <u>AAAA (7 ,</u> 19 ur) opinian death occurred on the do	ite and haur and fram the
Tie Both		22b. SIGNATURE	e, (I) (we) (did) (did nat) view the	bady after death.		
OR ATTENE be retained JIRECTOR: A si 3 should ed with the		220. SIGNATURE	14/1/2 · ·	M MODEGREE PHYS.	en MED. STAFF	DATE SIGNED
o la page		22d. PHYSICIAN'S	1 / Carpe	DEGREE PHYS. 22e. ADDRESS	DIRECTOR L PHYS. LJ	
RAI pe		NAME (Type) GEO	ORGE SHARPE		Kensington, Maryl	and
D HOSPITAL OR ATTENI Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the	730	BURIAL, CREMATION, 23b.	DATE 23c NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be of the should be filled with the Store	200	(udiscos) IAMOMSQ		Creek Cemeter		D (County) (Stote)
		FUNERAL DIRECTOR	ADDRESS APHREY Bethesda		REC'D BY REGISTRAR 256 REGISTRAR'S	
VR A15 (4) 45M - 1/69	K	OBERT A. PUN	rnker, betnesda	, Platy Latte DATE	PR 2 3 1969 Jellem	and Lucia



	05797	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
L			CERTIFICATE OF DEATH		05792
1.	DECEASED-NAME Fit (Type or print)		Lost	20. DATE OF DEATH	2b. HOUR
L	FRE	DERICK SIO	N YOUNG	+ Month Doy	69 67M
3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
_	MALE	WHITE	OCT 8, 187	lost birthdoy)	MONTHS DAYS HOURS MIN.
70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
L	Illinors	U.SA	WIDOWED TO DIVORCED	MONTGOMER	Md.
	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120. USU)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	ILVER SPRING	12015 ERST IN	IST HIGHWALHOME! AR	emy officer	ARMY OFFICER
l 3d		osed lived, if institution: Residence before	13c. CITY OR TOWN	MITS? 13e, STREET AND NUMBER	
	D.	C //	CATSATAG-TON C	ARMY NAVY	CLUB
14,	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	Lost
16	WILLIAM	Your		RY E	CAUDEE
16	Yes, no, or unknown) (If yes giv	e war or dates of service)		Address	,
_	T	8-1934 529-16.		ESON - ARLING	
	18. CAUSE OF DEATH (Enter	only one couse per line for (a), (b), and (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		DIATE CAUSE (o)Crefu	I resculed a	cedent	2 hear
	7067	DUE TO, OR AS A CONSEQUENCE OF	0		
	Conditions, if ony, which gov rise to immediate couse (a)	(b) Letters	I arteurseleise	<u>U</u>	10 420
	stoting the underlying cous-	DUE TO, OR AS A CONSEQUENCE OF			
		) (c)			
	PAKE Z. UINEK SIGNIFICANT (	ONDITIONS CONTRIBUTING TO DEATH BUT N	UT KELATED TO THE TERMINAL DISEASE OR C	ONDITION GIVEN IN PART 1(o)	
LION	190. DATE OF OPERATION 119	b. CONDITION FOR WHICH OPERATION WAS PE	DEODMED 20, AUTORGO	AND IT WER WITH THE PROPERTY OF	DATE DEPOS DE LES
CERTIFICATION	TO DATE OF DECEMBER 17	D. CONDITION FOR WHICH OFERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	UNSIDERED IN CERTIFYING
CERT	21o. ACCIDENT WAS UNDERLY	ING 21b. TIME OF INJURY	YES NO NILIPA OCCUPATO (Setter		4 105
		ATH HOUR A.M. Month Doy Year	ZIC. NOW INDUKT OCCURRED (Enter	noture of injury in Port 1 or Port 2, 1	rem (8.)
MEDICAL	(If either, notify medical example 21d. INJURY OCCURRED 21	niner) P.M. 19 e. PLACE OF INJURY ( AT HOME, FARM, STREET, EA		(A T	Correct Correc
	While Not while	OFFICE BUILDING, ETC.	ZII. LOCATION STREET OF K.Y.U. No.	City or Town	County State
	of work of work	this hospital attended the decree	ed from Die 9 196	8. to 000 > 19	/ O at a /0 / a .
	saw the deceased	his hospital) attended the decease	962, and that in (my) (our) apir		te and hour and from the
	causes stated above	ve, (I) (we) (did) (did not) view the	bady after death.	men addin occopied dir ilik dal	o and fidor and fram the
	22b. SIGNATURE	0 (1. 1)		ED 22c. [	DATE SIGNED
	Simon	L. Weines	DEGREE PHYS. M	ED. STAFF PHYS.	Jul 2, 1969
	22d. PHYSICIAN'S NAME (Type)	1 A 141-11-	22e. ADDRESS	6 cm 5 0 2 C	- 7.0
	2/11	ON C. WEINE		- H. dure spi	ing mid
230	BURIAL, CREMATION, 23b REMOVAL (Specify)	1 /	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
_	RURIAL L		NGTON NATIONAL	HRLINGTON	V, VA.
24.		IC STAIS SI30 WIS.	2So. REC'D BY		STGNATURE
7	OSEPH GAWLER	S SONS WASHING	TO D. D. C DATE API	7 1969 1	The state of the s

IN A II VI A LID CTATE DEDA OTRAPLIT AP LIE

Marie V MANUFACTURE OF THE PROPERTY OF A SERVICE DE L'ANDRE D TANK TO SEE THE SECOND Carle Talente secular share Charles Circulation of the Statement LO LICH IS LAND TO CITY --chase C. Weneral ...... And printed which the service of the service had Spring from the good to have the first the first the first the first from the fir